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*The Experience of Stress and Support
Amongst First Time Mothers.*

Submitted for the degree of Doctor of Philosophy

Faculty of Social Sciences, The Open University

Date of submission: September 1991

Acknowledgement

I would like thank my colleagues in the Psychology Discipline at the Open University for their advice and encouragement. I would especially like to thank my supervisor Dr Dorothy Miell for her patient help and support, without which this thesis could not have been written. I am also deeply indebted to Dr Margaret Wetherell for her comments which helped me to clarify my approach and to re-draft my introduction

In addition I would also like to extend my thanks to the mothers who gave up their valuable time in order to participate in this study.

Date of submission : 26 th September 1991

Date of award : 10th May 1992

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Chapter 1. Interpreting Mothers' Experience

1) Introduction

Mothering is an area in which there appears to be considerable consensus about its importance and value but much less consensus about its definition and meaning. Few areas of social life have been subject to such intense scrutiny from both researchers and from social policy makers or have been so effectively obscured and mystified. Mothering is at once intensely public, the subject of countless attempts at institutional and social control, and intensely private, carried out in isolation within the nuclear family (Delphy, 1984; Rappoport, Rappoport and Strelitz, 1977; Wearing, 1984; Wilson, 1977).

The literature on mothers' experience purports to describe and in many cases to prescribe the meaning of motherhood. However, this literature has its basis in competing theoretical perspectives and methodological traditions and the outcomes of this research often appear to be contradictory. For example, there is a wealth of evidence pointing to the stress associated with the maternal experience (Brown and Harris, 1978; Dalton, 1980; Miles, 1988; Pearlin and Johnson, 1977) and the links between maternal stress and numerous physical and mental health problems in both mother and child (Dohrenwend and Dohrenwend, 1974, 1977; Gove, 1972; Rahe *et al*, 1964), however there is also a considerable body of literature written from a number of perspectives which stresses the joy and fulfilment which mothers may or should find in their relationship with their child (Kitzinger, 1978; Rossi, 1977; Trause, Klaus and Kennel, 1976; Winnicott, 1964; Wilson, 1975).

The debate in the literature is essentially about the nature of mothering itself and has led to attempts to discover what mothering 'really' is. This thesis can also be seen as an attempt to understand mothering and particularly the stressful and

contradictory aspects of mothers' experience, and yet as it will be argued in this chapter it is impossible to do this without paying attention to the way in which reality is constituted, and the subjective meanings which mothers ascribe to the concepts of stress and support. Mothering, both as relationship and as institution is seen essentially as a socially constructed experience in which the meanings attached to it are of primary importance. There is no assumption here that there is a pre-social 'reality of mothering' which can be uncovered by stripping away the layers of meaning attached to it, or by aggregating women's experience to produce a notion of 'real' or 'normal' mothering. Mothering is not seen as a static, discoverable entity but as an experience which is always in the process of construction and of definition. Within this process there are many tensions which arise from a mother's particular position in the social and economic structure, and from the meanings which mothers derive from their history and personal relationships. Thus mothers' experience will be examined at an interpersonal and at a structural level to provide a social analysis of personal relationships.

This study focuses on the causes of and remedies for maternal stress and on the ways in which this stress can undermine the mother-child relationship which is itself constituted through the social context in which it occurs. The relationship between mother and child is not seen as either inherently positive or negative but as one which has a positive potential which can be undermined by social stress. Through focussing on the more negative aspects of motherhood it is hoped to understand how the stress associated with the maternal experience may be overcome, and the potential for fulfilment in the mother-child relationship may be realized. The material conditions in which women mother are seen as an important part of the maternal experience which in themselves contribute to the meanings which mothers derive from their experience. As Ingleby (1974) has argued, psychology has on the whole ignored the political context of childhood, emphasising early socialisation and biology

and playing down structure, "The extent to which a mother can afford to meet her child's demands, how much food and attention she can give and when, how much crying she can permit or tolerate, must be strongly influenced by her position in the system of production and consumption" (p.298). Because the thesis attempts to integrate personal and social dimensions of mothers' experience of stress and support, both the current social context and the web of meanings and expectations which mothers bring to it are seen as important in unravelling social stress. Individuals are not seen as determined by their early history, instead this early history is seen as one element which contributes to the repertoire of meanings which individuals draw on in the current context.

The present study focuses on maternal rather than on paternal or parental stress generally. This is firstly because, as it will be argued in this introductory chapter, the task of child care is assigned primarily to women and therefore parenting stress is experienced most acutely by women and secondly because the social construction of motherhood and of women's roles can be said to reinforce maternal stress. The study looks at mothering from the mother's perspective, asking to what extent and in what ways it can be considered to be problematic *for mothers* rather than seeking to examine the effects of stress either on the marital relationship or on the relationship between mother and child.

The central questions addressed in this research are, what are the causes and consequences of maternal stress, and in what ways is maternal stress mediated or exacerbated by aspects of the mothers' social and relational context? These questions are intimately bound up with perceptions both of what mothering is and what it ought to be. The following section will attempt to identify some of the main perspectives in the literature on mothering and the implications of these perspectives for the understanding of stress and support.

2) Approaches to women's experience as mothers

In the literature which pertains to women's experience as mothers a number of key differences in the ways in which motherhood is perceived, and in which stress and support are viewed can be detected. Thus, while there is agreement that mothers' experience can be problematic, there is no consensus about either the causes of or the remedies for maternal stress. One of the key differences in the approaches to mothers' experience hinges on the question of the extent to which that experience is seen as a consequence of a natural, biologically given relationship between mother and child, and the extent to which it is seen as socially determined. As Stimpson (1980) has argued, there are two distinct views of gender roles in the literature which may be defined as 'maximalist' and 'minimalist'. Maximalists would maintain that there are innate sex differences, many of which are not amenable to change and which in themselves dictate the way in which societies are organised. From the minimalist point of view there are no differences between males and females if we choose to make it so; that is, such differences as do exist are largely socially constructed and those which appear to be inherent can and should be equalised.

The maximalist view of mothers' experience draws its inspiration from a mixture of anthropological data and socio-biology, both of which focus upon 'man as an animal'(sic) and upon the adaptive necessity of the process of attachment between mother and young in primates (Dorkin, 1976; Fisher, 1958; Harlow, Harlow and Hansen, 1963; Trause, Klaus and Kennel, 1976, Trivers, 1972). Such studies imply a kind of biological determinism laid down in the patterns inherited from primate relatives. Anthropological evidence is cited which demonstrates the prevalence of sex role differentiation across a wide spectrum of cultures, and which shows a tendency for such differentiation to exhibit common characteristics related to biology.

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Abstract.

The research aim was to examine the experience of stress and support in mothering, to place that experience in its social and relational context and to examine the way in which such experiences are interpreted. In order to do this the study drew on the accounts of 25 first time mothers from a range of social and relational circumstances. Of these, 15 came from relatively stable backgrounds, and 10 from 'disrupted' backgrounds, (having spent at least 3 years in residential care before the age of 16). These 2 groups of mothers were chosen because they were likely to have very different experiences of maternal stress and of social support.

The research draws primarily on mothers' accounts in order to understand the way in which they make sense of their experience of stress and support. A time use diary was also used as a way of measuring the contribution of members of mother's support networks. The analysis focused on the interaction between features in the mothers' social and economic context, the relationships which surround them and dominant discourses of maternal behaviour and of gender roles, all of which were seen as likely define both the extent of maternal stress and mothers' interpretations of both stress and support. The research also looked at the role of professional intervention in defining the parameters of maternal responsibility and in relieving parental stress, and at the differences between professional and maternal perspectives on stress and support.

The analysis moved from treating the notions of stress and support as relatively discrete and quantifiable variables towards seeing these as intimately bound up with the ways in which they are constructed in response to the social and ideological context in which they occur.

These explanations are organised around what Ward Gailey (1987) calls the 'man the hunter' argument, resting as it does upon the assumption that early hunting adaptation set a pattern of sex roles which has been formative in shaping later human social and cultural evolution. Both the early psychoanalytic tradition and attachment theorists have shared this perspective on mothering as primarily a natural relationship which is not inherently stressful but which may become so if mothers have problems of adjustment to the maternal role or if aspects of the social context disrupt the 'natural' bond between mother and infant (Bowlby, 1969, 1972; Freud, 1931; Deutch, 1944, 1945; Klaus and Kennel, 1976).

In contrast, minimalist theories are closely linked to the conception of motherhood as a social construction in which the relationship between mother and child is in itself a product of the social context in which it arises. Such theorists would argue that maximalist perspectives fail to take into account the way in which social and cultural factors influence the definition and experience of mothering. As Boulton (1983) has argued, psychoanalytic theory, for example views women's experience as mothers as, "...merely an empirical indicator of the mother's underlying developmental conflicts and anxieties" (p. 8), and can therefore be of only limited use in explaining the social dimensions of women's experience. Such approaches view mothering as an expression of the mother's personal biography, and thus underestimate the effects of the day to day experience of childcare, and the social structural and ideological context in which mothering occurs.

From the minimalist social perspective maternal stress cannot be understood without reference to the social and economic context in which it occurs which will determine the conditions under which mothering is carried out, and the meaning attached to the mother-child relationship. Although there are differences within socially based approaches in the emphasis that they give to different aspects of the social context and in the amount of personal autonomy they give to mothers, such

approaches share a common emphasis on the role of the social context in determining the quality of the maternal experience and therefore on the potential for change.

Socially based theories have moved away from a focus on the analysis of mothers' experience as universal towards a focus upon the specific conditions and practices which influence women's experiences as mothers. Both social and individual theories draw on anthropological evidence, but socially based theories emphasise the cultural *diversity* in gender roles rather than similarity (Gould, 1982; Lamphere, 1974; Leacock, 1981; Lee, 1984; Minturn and Lambert, 1964; Turnbull, 1962), countering the 'cultural but universal' theories which suggest that women are necessarily associated with domesticity, and men with the public domain. Use has also been made of historical analyses which suggest that current definitions are not the only possible ones and that styles of mothering may be observed to vary with economic and social changes (Aries, 1965; Badinter, 1981; Gordon, 1986).

These two perspectives imply very different interpretations of both the extent and the sources of stress in mothers' lives, and of the need for social support. The maximalist view implies that social roles are relatively fixed and are therefore not amenable to change, and that any problems which individuals experience are due to an individual failure to adjust to a naturally assigned social role, whereas the minimalist view implies that social roles are almost infinitely mutable and that problems in adjustment are likely to be due to a lack of fit between societal expectations and individual needs or to the contradictions inherent in the social organization of motherhood.

This question of whether it is the individual or the society which is out of step is central to the debate about the causes or remedies of maternal stress. Within the terms of this debate there are confounded issues of biological determinism, the definition of women's role and the needs of mothers and children. While both

approaches recognise that mothering can be problematic, the difference lies in the way in which responsibility is allocated for these problems. Individual approaches emphasise mothering as primarily a personal and natural relationship which has core characteristics laid down by what are assumed to be innate predispositions. Using this analysis, problems of stress need to be addressed by personal adjustments rather than by adjustments in the mothers' social context. In contrast, socially based approaches emphasise motherhood as a social construction, and argue that both the causes for and the remedies of maternal stress can be found in the context in which mothering occurs.

These two research traditions, the one emphasising personal responsibility and the other the social context are reflected in the literature which acknowledges that mothering may be problematic, in which conflicting explanations of the causes of and remedies for maternal stress can be detected.

3) Explaining Problems in Mothering

The following section examines the literature which acknowledges that mothering may be problematic and which attempts to account for it .

3 a) Developmental Approaches to Mothering

There is a long research tradition within psychology which focuses on mothering primarily from the point of view of the mother's ability to socialize her infant adequately. Here the emphasis is on the quality of the relationship between mother and child. Many of these studies focus on the quality of parent-child interaction and on the mother's ability to respond sensitively and appropriately to her child and thus to parent effectively (for example, the work by Bruner (1977) on language acquisition and early communication, and of Bell and Ainsworth (1969) and Crockenberg (1981) on infant irritability and development and maternal

responsiveness). Others draw on a cognitive model of human development in which individuals are seen as not being simply conditioned by early learning but as actively engaged in interpreting their experience (Kohlberg, 1966). In both these types of approach it is the mother's ability to respond to her child adequately which is the focus of concern, rather than her subjective experience of mothering as pleasurable or stressful. Thus, maternal stress is viewed in terms of its effects upon the child rather than on the mother, and the mother's central role in parenting remains largely unquestioned.

The concern with the adequacy of early socialisation has been influential in the research into specific social problems, for example in the field of child abuse (Garbarino and Gilliam, 1980; Gil, 1970; Kempe, 1978) and on the effects of post-natal depression (Weissman *et al*, 1972, 1984; Whiffen *et al*, 1989) in which the psychological attributes which perpetuate mothering difficulties are assumed to be learned in childhood and reinforced in adulthood. Although these studies assume that mothering has a social basis, the emphasis is on the mother's responsibility for the child's development, and thus they have much in common with biological studies where the emphasis is on the need for individual rather than social change. As Parton (1985) has argued, many studies of child abuse, while acknowledging social stress, have focussed upon aspects of the maternal personality rather than elements in the social context, or have provided check lists of characteristics of the abusive parent without linking these to structural factors, or without employing a coherent model of causation.

Developmentally based approaches to mothering, with their emphasis on early socialization, have tended to underestimate the importance of the mother's *current* experience and her ability to act on and be acted upon by contemporary events. They thus fail to take into account both the relational aspects of mothers' experience and the context in which mothering occurs, so they cannot address either the

problem of why particular gender and parental identities exist, nor how mothers come to terms with them in the context of their close relationships. In effect, they fail to relate personal agency to social structure.

3 b) Approaches to Parenting Stress

There is an extensive literature which specifically addresses the problems of stress in parenting. In these studies parenting is viewed both as a personal crisis and as a time of acute interpersonal adjustment which makes increasing physical and emotional demands on parents, thus necessitating additional social support (Hobbs and Cole, 1976 ; Holmes and Rahe, 1967; Le Masters, 1957; Miller and Sollie, 1980). Following this analysis, lack of social contact has been seen as a risk factor (Garbarino, 1977) while the benefits to be derived from social bonds have been seen as crucial to psychological well being (Berkman and Syme, 1979; Nuckolls, Cassell and Kaplan, 1972; Pearlin and Johnson, 1977). In looking for remedies for maternal stress the research has tended to focus on either the adequacy of the mothers' social networks (for example, Bott, 1957; Leung, 1985) or on the interpersonal adjustment which partners have to make during the 'transition to parenting' (Dyer, 1963; Russell, 1974). There has been particular emphasis placed on the negotiation of marital roles following the first birth (for example Entwistle and Doering, 1980; Mckee, 1982).

Although the literature on social support builds on an understanding that mothering may be inherently stressful, in the main this stress has been attributed to the mother's *personal* difficulties in adapting to the demands of mothering rather than to features of the task itself or to the social construction of the maternal role. Mothering, therefore, has been seen variously as a developmental stage (Rapoport, 1963) as an adaptive crisis which brings about additional stress which must be compensated for by support from the social network (Le Masters, 1957; Hobbs and

Cole, 1976), and as a transitional stage (Rossi, 1977). The assumption in all these studies is that through the construction of better and more supportive social relationships the stress of mothering can be eliminated. Thus, although the literature on social support conceives of mothering as problematic for *mothers* rather than just for their children, the solution to these problems is seen as located in interpersonal adjustments in the mother's relationships within her social network, rather than in any fundamental change in the way in which motherhood is constructed. In the main this research has viewed problems in mothering as problems in personal adaptation, which can therefore be eased by repairing dysfunctions in personal relationships and in providing a more supportive personal environment. The emphasis has been on the quality of the mother's personal support relationships rather than on features of the wider social context which might induce stress. Thus support relationships, although they are acknowledged to have practical and economic components, are not linked to the wider social and ideological context which produces them.

Studies which focus on interpersonal aspects of support relationships as opposed to studies which merely map the mother's social network have an important contribution to make to the understanding of the meaning which mothers derive from the maternal experience, and the role played by their personal relationships in mediating that experience. These studies focus on the process through which actors come to understand and define situations and the negotiation of meaning between them, and see mothers as actively involved in interpreting and creating their own experience.

There is an extensive literature which looks at the adjustment which the transition to parenthood occasions in couples' personal relationships, the stress which this brings with it and the importance of the quality of the marital relationship in determining the quality of the parenting experience (Dyer, 1963; Russell, 1974).

However, much of this literature (for example Dohrenwend, 1974; Rahe *et al*, 1964) has failed to differentiate between *parenting* stress, and *maternal* stress, seeing problems in parenthood as problems of personal adjustment which are likely to affect partners equally and in which the possibility of an equal, reciprocal relationship between sexual partners is taken for granted. Stress in parenting has often been treated as a problem which threatens the couple's existing equilibrium and which requires personal adjustments in order to reach a new point of equilibrium, while gender imbalances in the level of adjustments which mothers and fathers have to make are not called into question. Thus, although there may be a focus on process and negotiation, the parameters within which that negotiation takes place are not questioned. Most of these studies have also drawn on the experiences of white middle-class heterosexual couples, and have taken the cultural assumptions surrounding these relationships for granted, treating personal relationships as if they stand outside the social and cultural milieu in which they occur.

La Rossa and La Rossa (1981) have criticised studies which look at the transition to parenthood in terms of crisis or mutual personal adjustment (for example Cowan, 1978) because they fail to take into account the relationship between social and personal variables, seeing stress as a product of purely relational stressors. As La Rossa and La Rossa (1981) have argued, transition to parenthood studies commonly view support as an attitudinal variable, that is, they assess support purely in terms of the stated intention of the support provider. Similarly they may assess stress in terms of the presence or absence of key life events, for example bereavement or starting a new job, which are assumed to compound the stress associated with the transition to parenthood, without looking at the overall social context in which these events occur or the distribution of stress between individuals. Thus while studies of mutual adjustment following the transition to parenthood are useful in describing the negotiation of meaning within a

given social context and the part played by personal relationships in determining the quality of the mothering experience, most do not address the problem of power within relationships. That, they do not address the problem of structural differences in status and access to resources associated with gender, race and class and the effect that these factors may have on personal relationships. Thus they also do little to explain *why* mothering is organised in a particular way within a particular society, nor whether such an organisation is beneficial for mother and child. There are limitations to this approach, since, as Connell (1987) has argued, personal relationships cannot be understood without reference to the social structure in which they occur. Features of the social context (for example class and gender) will have a direct bearing upon the amount of power which each actor wields within a given situation and therefore the quality and the outcome of the interaction.

3 c) Sociological Approaches

In contrast to the interpersonal studies already discussed are studies in which motherhood is seen primarily as a social construction which is historically and culturally specific and which is firmly rooted in the *current* social context. (for example Badinter, 1981; Dally, 1982; Oakley, 1974b). These studies have seen motherhood as constructed within a particular social framework and have questioned the effect that this has on women's lives, and have thus admitted the possibility of changing women's experience through changing social conditions. Such studies have seen problems in mothering not only as problems for women, but as problems whose cause and remedy is directly related to the social conditions in which mothering occurs.

One of the earliest critiques of the assumptions which lay behind studies of mothering which focussed on the adequacy of mothers rather than on the social context in which mothering was carried out, came from Rutter (1974) who

questioned the biological assumptions on which attachment theory was based.

Rutter argued that while the predisposition to attachment might be largely instinctual, the process of attachment, and particularly the choice of the mother as the primary object of attachment, were social constructions which could be subject to change.

The acknowledgement that mothering was subject to historical and cultural variation led to an understanding that it was possible to identify a number of culturally specific constructions around the relationship between mother and child which could be defined as 'motherhood'. These constructions would be closely lined to the definitions of women's roles in that particular society at that particular time. Motherhood as socially defined might be problematic for *mothers* rather than simply for their children or for parents generally. One of the most influential of the studies arising from mainstream psychiatry which drew attention to this point was Brown and Harris's (1978) study of maternal depression which found that the causes of maternal depression were firmly rooted in the women's social context. They found that the isolation of young mothers, the quality of their kin and sexual relationships, and the extent of their family responsibilities, were crucial factors in either predisposing to, or protecting women from depression.

This insight into the way in which mothers' experience can be viewed as a product of the social context in which it is engendered opened the way for radical critiques of these constructions, and the way in which race, class and gender interests are served by particular definitions of what mothers' experience is or ought to be. These critiques found their expression primarily in feminist studies both of mothering as experience and motherhood as institution.

Feminist perspectives on mothers' experiences have added two very important elements to the understanding of motherhood as problematic *for mothers*. Firstly, feminists took as their starting point a commitment to validating mothers'

perspectives on motherhood. A number of feminist studies emerged which relied primarily on mothers' verbatim accounts of their experience both of mothering and of domestic work (for example Gavron, 1966; Nicholson, 1983; Oakley, 1974a, 1979, 1980; Sharpe, 1981) which allowed women to give accounts of their role within the family not as others felt it ought to be, but as mothers themselves experienced it. These accounts proved to be directly at odds with the predominant conception of motherhood as primarily a mutually fulfilling relationship between mother and child and drew attention to the stress associated with caring for a young child and with a woman's role within the family.

Account based studies also emphasised the common links between women's experiences. While many of these studies also focussed on the experiences of white middle-class mothers, and thus tended to underestimate the effects of class and ethnicity on mothers' experience, the emphasis on the stress experienced by these relatively privileged mothers opened the way to an understanding of stress as a feature of *all* mothers' experience which might then be intensified when combined with social disadvantage. (Lopata, 1971; Nicholson, 1986 Oakley, 1981a).

These account based studies were complemented by theoretical analyses of women's experiences under patriarchy (for example Bernard, 1972, 1975; Comer, 1974; Gittens, 1985). These studies addressed the problem of both the causes and the construction of maternal distress by an analysis of power relationships and of the way in which women's particular position within class, gender and ethnic hierarchies limited their access to material resources. Both experiential and power analyses rested implicitly on a view of mother's experience as constructed in ways which were alien to women's interests.

These analyses of mothering drew on theories of both class and gender in order to explain the social construction of women's experience in line with the needs of the powerful. Marxist feminist analyses saw economic oppression under capitalism as

the primary cause of women's disadvantage, and saw the nuclear family and the mother's role within it as a key site for the 'reproduction of social relations' vital to the maintenance of the social system, and thus as a primary focus for capitalist ideological influence. In these analyses the underlying cause of women's oppression is directly related to the dominant political and economic structure (Barrett, 1980; Delphy, 1977).

For radical feminists, patriarchy, the 'material and ideological system of male domination over women' is the key concept. In-built differences in power and status within gender relationships were seen to underlie the experience of women as mothers, dictating their access to resources within the family and the amount of autonomy they enjoy within their personal relationships (Dobash and Dobash, 1979, 1982; Millet, 1972; Weedon, 1987).

While socialist and radical feminist analyses vary in the relative importance they may place on class and gender issues, feminist analyses of mothering share a common concern with placing mothers' experience within the wider social, political and ideological structures which encompass it. Feminist accounts of mothering have added an important dimension to studies of parenting stress by drawing attention to the way in which that stress is disproportionately experienced by women. Maternal experience is seen as inextricably bound up with the mother's access to material and emotional resources and aspects in the mother's social and cultural environment are seen as either increasing or alleviating maternal stress. Thus both radical and socialist feminist analyses emphasise the factors which force women to accept the mother's central role within the nuclear family through the imposition of social and economic sanctions upon those who attempt to step outside these constraints (Delphy, 1984; McIntyre, 1976).

A number of authors have examined the way in which motherhood is reinforced through such sanctions. For example Brophy and Smart (1982) have shown how the

courts conspire to reinforce the structure of the family and to punish women who through their rejection of marriage or heterosexuality are seen to be sexually deviant, both by awarding them lower maintenance settlements and by discriminating against them in child custody hearings. Dale and Foster (1986) have applied a similar analysis to women and the welfare state, arguing that current welfare practices endorse the image of the nuclear family headed by a male breadwinner and punish families which deviate from this norm by reducing their benefits. Fraser (1989) has argued that the way the U.S welfare system works is both race and culture specific, reinforcing white middle class values and characterising black family life as disorganised and feckless.

Both socialist and radical feminist accounts note that mothering is defined primarily in terms of the woman's central domestic role, and that the work associated with the household and with parenting is disproportionately allocated to women. Land (1983) for example, argues that because of gender based imbalances in power, it is the male who has control of the allocation of resources within the household which will therefore be disproportionately allocated in his favour. These gender imbalances become more marked at the time of the birth of the first child as marital roles become more clearly differentiated and mothers become defined as primarily responsible for work within the home. This in turn brings about a loss of economic status and financial independence for women. Thus parenthood has higher costs and long term effects in terms of adjustment for women than for men and this tends to compound a mother's sense of powerlessness.

Feminist accounts have not only drawn attention to the stress associated with mothering but have questioned the *causes* of maternal stress, seeing these as arising primarily from the way motherhood is constructed rather than from factors in the mother's personality. Stress in mothering is attributed not to the mother's inability to come to terms with her natural capacity to parent, nor her failure to learn

the techniques of good parenthood adequately, but to the social conditions in which mothering is undertaken (Boulton, 1983; Finch and Groves, 1983; Graham, 1984)

Feminist analyses are centrally concerned with the appropriation and definition of motherhood in ways which are alien to women's experience and with the need to return to the women's perspective in order to understand the meaning of motherhood. As Kelly (1988) has observed, "The feminist analysis of the social construction of sexuality has directly challenged naturalistic, biologically deterministic theories of sexuality whilst acknowledging that gender currently determines, to a large extent, beliefs about and experiences of sexuality" (p 30). Women are seen as locked into motherhood through the institution of heterosexuality and male sexual control, through unreliable contraception, through rape and other forms of violence, and through the ideology of gender which equates fulfilment with motherhood. From this perspective, women's power and joy in motherhood is viewed as having been annexed, distorted and devalued under patriarchy.

In deconstructing motherhood, feminism has opened up the possibility of deconstructing the notion of support, since close relationships can no longer be seen as unequivocally positive but need to be understood within the framework of power relationships in which they arise (Binney *et al*, 1981; Brannen and Wilson, 1983; Mansfield and Collard, 1988). Such an analysis thus admits the possibility of a conflict of interests in mothers' close relationships, particularly in the sexual relationship which can be understood in terms of the woman's attempts to accommodate and to resist existing male power and privilege.

Power based analyses also admit the possibility of disaggregating motherhood from parenthood since the experiences of men and women under patriarchy are quite distinct and are likely to reflect their differing ability to command material and relational resources. In this analysis family life is not seen as a natural response to

individual needs, but as a response to the interests of the powerful. The position of women within the nuclear family is therefore no longer seen as unproblematic but is in itself seen as potentially stressful, since the maintenance of women's traditional position within it is dependent on inherent structural imbalances in gender roles which bring about an unequal distribution of resources within the family (Leonard, Barker and Allen, 1976). Bernard (1972) for example, questions the 'fiction of a unitary family interest', and asks whose interests are served by current conceptions of women's position as mothers. An analysis of the power to command resources within the family and within society is therefore seen as indispensable to an understanding of the stress which women experience as mothers, and the amount of support which they can expect or demand as of right. The work of mothering is seen as a major potential source of stress, and one which has been consistently underestimated in individualistic and interactional research on motherhood which has looked at it mainly in terms of the relationship between mother and child.

The emphasis on the social construction of motherhood rather than on the characteristics of individual mothers represents an important shift in emphasis away from seeing mothers as responsible for their own distress (Henwood *et al*, 1987; Wicks, 1987). Power based analyses attempt to disaggregate the interests of members of the family and to uncover the inequalities in family life and the way in which they might be dysfunctional for women as mothers. Thus they are important to the understanding of the causes of maternal stress and the way in which the construction of motherhood as an institution needs to be changed in order to meet women's interests.

However, there are problems in applying power based analyses to mothers' personal experience. In the emphasis of such analyses on the pervasiveness of male power there is also an implied determinism, in which men and women are inevitably assigned to the role of the oppressor and the oppressed. This implies that

women are passively moulded by social factors. Connel (1987) has criticized such approaches for what he terms their 'categoricalism'; that is, their reliance on fixed categories of class and gender, which pay little attention to the process through which these factors are made meaningful. This, he argues, can result in a tendency to under-estimate the variation in women's experience produced by class, gender and ethnicity, seeing all women as equally bound by external sources of oppression. To rely solely on such explanations would be to imply a kind of social determinism which excludes the possibility of change or resistance and which would deny women's capacity to make sense of and to interpret and actively construct their experience. This ability to make sense of experience within the context of personal relationships is crucial to the assessment of the role of stress and support in mothering since both are highly subjective concepts.

Thus while they can offer a strong and coherent analysis of women's *current* oppression, analyses of women's oppression under patriarchy which see women's experience as constructed in response to 'external' forces often have little to say about the process of change, nor about how women are actively engaged in making sense of and creating their experience. In order to understand the causes of social stress and the role of social support in mothering it is necessary to apply an analysis which integrates an understanding of the cultural expectations surrounding women, and the way these expectations are shaped in response to power structures, with an understanding of the dynamic process through which meaning is negotiated. In the next section studies which attempt to integrate social and individual approaches to mothering are examined in order to identify the contribution which each of these approaches makes to the present study.

4) Integrating social and individual approaches to mothering

This section focuses on a number of key studies which, although starting from very different perspectives, have attempted to integrate external influences on mothering with the mother's internal appraisal of events. The question of the autonomy which mothers experience within the social context is central to this debate, and has led to a number of attempts to integrate theories of social construction with theories of individual meaning. Although they represent very disparate research traditions, these studies all attempt to take into account social influences on maternal experience while according the individual a degree of autonomy within a given social context. They admit the possibility of individual freedom and therefore the possibility of change. Thus they all share a view of mothering as an intensely personal relationship which is bounded and constructed by the social parameters in which it is experienced. This link between the social context and individual experience is one which is seen in the present study as vital to the understanding of stress and support in mothering.

4 a) Adrienne Rich. *'Of Woman Born'*

Amongst experiential studies of mothering Adrienne Rich's (1976) *'Of Woman Born'* is at once a powerful exploration of mothering as an experience and of motherhood as a specific patriarchal construction. In Rich's study mothering is seen as an important and potentially fulfilling *relationship* which has been annexed and made stressful by its social construction. This distinction is important since it draws attention to the tension which may exist between the internal meaning which mothers attach to their relationship with their child and the social construction of motherhood which may impinge upon that relationship. In many of the account based studies and particularly in Rich's accounts of her own relationship with her children

it is possible to trace the ambivalence and frustration which so often characterize mothers' accounts of their experience, as they perceive a great potential which is not being realized. These accounts draw attention to the ambivalent nature of the maternal role which is at once intensely satisfying and gratifying and is also a source of extreme physical and mental stress.

"My children cause me the most exquisite suffering of which I have any experience. It is the suffering of ambivalence, the murderous alternation between bitter resentment and raw-edged nerves and blissful gratification and tenderness" Rich (1976 p 21).

Rich's study, in common with much of the feminist literature on mothering, makes a distinction between mothering as experience and motherhood as institution. For example Glenn (1987) has argued that around the experience of mothering as a relationship an edifice of motherhood as institution has been constructed which reflects the interests and expectations of the culture in which mothering occurs.

"As distinct from mothering, motherhood is a social construction, one that has mystified the experience of mothering and interfered with our ability to find out what mothers actually do." Glenn (1987 p. 359).

Glenn argues that it is through this social construction that mothers' personal relationships with their children are mediated. Thus mothers' accounts of both stress and joy in mothering reveal the tension between the fulfilment associated with the relationship between mother and child, and the stress which is induced by the social construction of motherhood.

Rich's focus on the tension between mothering as a relationship and motherhood as an institution admits the possibility of seeing mothering both as a personal experience and as a social construction, and thus emphasises both the positive and negative aspects of the maternal experience. Rich's study represents a move away from the determinism associated with both individual and power based analyses towards an understanding of the dynamic interface between personality and social structure. This interface is extremely important for the present study in which the

focus is on maternal stress and the experience of support. However, Rich's view of the intrinsic worth of the mother-child relationship implies a kind of biological essentialism in which the core relationship between mother and child is seen as lying outside the social nexus. In setting up a dichotomy between mothering as a relationship and motherhood as a social construction there is an assumption that at the heart of mothering as experience there is such a 'pure' relationship which has a non social reality, which has been subverted by its social construction and which can be rediscovered if the layers of social construction are stripped away. In other words, that it is possible to find out what mothering 'really' is and to contrast this with the social and ideological constructions of maternal experience which subvert that 'reality'. The difficulty here is that it is impossible to conceive of a relationship which is not in itself social. Similarly the institution of motherhood cannot be treated as distinct from mothering as a relationship since there is a complex interaction between the two.

In contrast to Rich's view of mothering as a relationship which is intrinsically rewarding if it is not subverted by its social construction, in the present study, both the institution of motherhood and the relationship between mother and child are seen as socially constituted. Thus while mothers' accounts of their experience are used as the primary source of data these accounts are not treated as standing outside the social and ideological context in which they occur. It is not seen as possible to divorce the relationship of mothering from its social context, to strip away the layers of 'institutional subversion' and to reveal the 'real relationship' underneath, since the meaning of this relationship will change with the context in which it occurs. Instead, an approach is adopted which looks at the way in which mothers' close relationships are constituted both on a personal and an institutional level, and examines the interaction between the two levels of experience.

4 b) Nancy Chodorow. The Reproduction of Mothering

Chodorow (1978) set out to analyse “the reproduction of mothering as a central and constituting element in the social organization and reproduction of gender”(p7). Working within the psychoanalytic tradition, Chodorow thus attempts to integrate psychological and social aspects of women’s experience, combining the psychoanalytic theory of object relations with a theory of gender acquisition in order to explain the process through which mothering is reproduced. Chodorow proposed that the propensity of women to assume the main responsibility for mothering leads to a different Oedipal resolution in male and female children, with male children finding their identity in separation and identification with the emotionally absent father, and female children in identification with the nurturing and present mother. It is this process, Chodorow argues, which leads to the closing down of relational opportunities for men and the socialisation of female children into the nurturing maternal role. Because they acquire their gender identity through identifying with the same sex parent, female children also take on the qualities of the female caretaker and integrate these into their sense of personal identity. In acquiring their gender identity male children are forced to look outside the close and reciprocal relationship which they have enjoyed with their mother to their absent father. Thus they are forced to find their identity in a negation of the very qualities of care and closeness which have sustained them, since the figure they are expected to identify with is physically and emotionally absent. Male children thus acquire a fragile sense of gender identity which is linked to their detachment from their closest early tie and are effectively cut off from the emotional repertoire which is expressed in close and mutual relationships, perceiving these as inappropriate and ultimately threatening to their fragile sense of identity. Thus the current organization of parenting prevents men from taking on the care-taking role and effectively reproduces mothering.

Chodorow places Freudian theory into its social framework, arguing that the Oedipal resolution which Freud describes is context bound and can be altered by altering the social context. Thus she argues that mothering is reproduced through 'social structurally induced psychological processes' (p. 7). Chodorow advocates shared parenting as a means of opening up the opportunities for both sexes to discover values of autonomy and of emotional rapport. Chodorow not only rejects biologically based accounts of the sexual division of labour and role-based accounts of gender acquisition, she also goes beyond analyses which see motherhood simply in terms of conformity or social control. She is in effect arguing for a social psychological approach to mothering in which "Women's mothering perpetuates itself through social structurally induced psychological mechanisms"(p 21). Her contribution is thus not incompatible with socially based theories which emphasize cultural and historical diversity and the role of the social context in gender acquisition, or with explanations which emphasize motherhood as a personal experience.

Chodorow's theories have been criticized for over-emphasizing the importance of the maternal role in the acquisition of gender identity. Bart (1984) for example, has argued that Chodorow's emphasis on the mother's role in sexual socialization underplays the part which fathers currently play, particularly in the socialization of women into feminine roles. It is also possible to criticize the basic premise of Chodorow's theory that the woman sees the male child as 'other', as in itself categoricalist in that it relies on fixed notions of gender to construct an argument which purports to show that gender categories are socially constructed. However, leaving these specific criticisms aside, Chodorow's work makes an important contribution to the understanding of the way in which individual experience and social structure may be linked and represents one of the earliest attempts to come to terms with the difficulties of seeing motherhood as socially constructed, without

seeing a mother's sense of self as totally determined by external factors. Chodorow moves from looking at the *production* of mothering through social conditions to the *reproduction* of mothering on an interpersonal basis, arguing that mothers play an active rather than a passive role in this process, "Men are socially and psychologically reproduced by women, but women are reproduced (or not) largely by themselves"(p 36). This insight allows Chodorow to examine women's active engagement in the production of their identity.

Although Chodorow advocates shared parenting, it is not clear from her analysis how the transition to shared parenting would be effected and how women could break out of the 'reproductive cycle'. This is a problem which has begun to be addressed in a small number of interpersonal studies which have looked at the negotiation of parenthood within the social context, and which are discussed next.

4 c) Two socially based studies of the negotiation of parenthood

In this section two studies will be examined which, although they focus on the negotiation of meaning within relationships, have attempted to integrate this with the social context in which the relationship occurs. In these studies parenting is seen as a time of acute transition which requires an intense period of negotiation in personal relationships. Both use a series of semi-structured interviews and both focus on the negotiation of parental behaviour in the light of the increased demands made on parents. Because of this, both acknowledge the practical demands which are made on parents as well as focussing on the meaning of parental roles, and attempt to generate understanding rather than to test hypotheses drawing on the categories which participants themselves used in order to understand their experience. In the La Rossa and La Rossa (1981) study 'Transition To Parenthood', 20 white middle class couples, 10 first time, and 10 second time parents were interviewed conjointly on 3 successive occasions in the year following

the birth of their child, while in Kathryn Backet's (1982) study 22 middle class couples each with 2 children, at least one of who was around the age of three were interviewed on five separate occasions sometimes separately and sometimes as a couple.

Both these studies focussed on the process of negotiation through which personal and physical resources are allocated within the relationships of new parents. In the La Rossa study the interviews were analysed in terms of the contribution which each parent made to child care and domestic work and the meaning which couples attributed to their experience, and comparisons were then made between the experiences of first and second time parents and between joint earner and single earner couples. In Backet's (1987) study the focus was on the negotiation of parental behaviour and the adjustments which individuals make in order to reach a 'mutually held reality of parenthood' (p. 61).

Both studies acknowledged the presence of conflict of interests in relationships. In their analysis La Rossa and La Rossa drew on Sprey's (1979) conflict model of marriage and of personal relationships arguing that, "when confronted with a choice under conditions of real or perceived scarcity humans will be inclined to choose themselves above others" (p132). Because of this, negotiations over the distribution of labour and the access to leisure time are treated as one of the major tasks facing new parents. Kathryn Backet's analysis drew on an understanding of the gender difference in the allocation of resources between partners, arguing that the transition to parenthood is a very different experience for women whose main parenting role is taken for granted and for men whose role as a parent is still in the process of negotiation. She provides an analysis of the mechanism of legitimization which parents use in their negotiations in situations in which there is a dispute over the division of labour. She describes these mechanisms, for example the belief in the spouse's willingness to participate equally in spite of evidence to the contrary as

coping mechanisms “whose function is to enable partners to maintain a joint view of the meaning of the relationship” (p. 61).

However while both the Backet (1987) and the La Rossa and La Rossa (1981) study allowed for a strong analysis of conflict and of the distribution of resources within relationships and represent a step forward in that they acknowledge the importance of physical resources in determining the quality of the relationship, the focus in these studies is still upon the interpersonal resources available to couples within the relationship. While structural differences in the access to resources are acknowledged, this insight does not form part of the main body of the analysis. Interpersonal resources are not specifically linked to external social-structural and ideological variables which may be important determinants of the access to resources within relationships. Both class and gender issues are set aside in the analysis itself, and the problem of inequality between couples is analysed primarily in terms of negotiated meaning *within* the relationship. Lack of material resources are not directly addressed in either analysis since both concentrate on the experience of middle-class couple with adequate material resources. These resources, with the exception of leisure, are treated as evenly distributed between couples.

In both studies there is a concern with the negotiation of a *joint* meaning which carries with it the implication that the outcome of this negotiation will be some fixed point of equilibrium in the future in which a new basis for the relationship will be reached which resolves this conflict of interests. In the La Rossa study couples are seen as ‘mutually accommodating’ their beliefs to one another, whereas in the Backet study mothers are seen as ‘ascribing to myths’ about spouses’ level of participation which ‘have no basis in reality’ in an effort to preserve their view of the relationship as equal.

The strategy employed in these studies, of making comparisons between material conditions and the quality of personal relationships, can be an important means of understanding the relationship between individual meaning and the social context. This strategy is adopted in the present study in which connections are made between the material conditions in which mothers live, the contribution made by members of mothers' support networks and the meaning which mothers ascribe to their relationships. However, in the present study, where there is a lack of fit between material conditions and the attributions that individuals make this is not seen as evidence of 'myth making' or of false consciousness. Instead it is seen as an integral part of the way in which mothers construct the concept of support, which is intimately tied up with the meanings which mothers ascribe to their relationships, rather than being simply a function of the material benefit which may be derived from them.

4 d) Ideological Analysis.

Wearing (1984) has applied the concept of ideology to the experience of motherhood, seeing ideology as a key concept linking the external construction of experience to the internal meaning which individuals place on it. Wearing's study was again a small qualitative interview study which focussed upon *mothers'* experiences rather than on those of couples, and set out to investigate the way in which the ideology of motherhood shapes that experience. Thus Wearing's analysis is specifically related to the patriarchal context in which motherhood occurs.

Her study attempted to place women's subjective experience of and beliefs about motherhood within "macro-social structural explanations of gender relationships based on economic and institutional power" (p. 11). Wearing's study thus attempted to integrate an understanding of the meaning which women derive from their role as mothers with an analysis of the power structures underlying social

relationships. Wearing sees women's sexuality, and through it their experience as mothers as actively constructed both externally, in response to the interests of the powerful, and internally as mothers strive to come to terms with their experience within the social and ideological parameters available to them. As Wearing points out, it is possible to identify key features associated with the ideology of motherhood (for example the emphasis on individual maternal responsibility, and the priority of the child's need over those of the mother) and to examine the ways in which these dominant views actively construct women's experience as mothers. Thus Wearing's study examines the ways in which ideology becomes internalised into mother's perceptions affecting the way in which they define themselves as mothers, the limits they place upon their responsibilities and the quality of their close relationships.

In her study Wearing draws on Marxist and feminist interpretations of ideology (Mitchell, 1971; Althusser, 1971) which view the exercise of power as conferring upon the powerful not only the ability to control but also to *define* women's experience, emphasising those aspects of maternal experience which serve the interests of the powerful and systematically obscuring those aspects of experience which would disturb the dominant definitions of 'good motherhood'. For Althusser, "what is represented in ideology is not the system of relationships which govern the existence of individuals, but the imaginary relationship of these individuals to the real relations in which they live" (p. 77). Thus dominant conceptions of motherhood are seen to legitimate the subordinate, economically dependent and relatively powerless position of women in contemporary society. In her analysis Wearing identifies 4 'ideal types' of mothers: 'traditional, ambivalent, progressive' or 'radical utopian', and looks at the way in which these positions influence mothers' day to day experience and the meanings they ascribe to motherhood.

This approach represents an important advance on what Wearing describes as “the Macro-social theories of Marxist feminists”, in that it attempts integrate “structure and process, linking ideology with structural change and looking at the way in which ideologies arise in response to structural changes occurring in the relationship between dominant and subordinate groups” (p. 12). However, there are problems in taking an approach of this kind to motherhood. These problems centre on the question of agency and of false consciousness. The concept of ideology as Wearing uses it is premised on the power of ideology to define mothers’ experience in ways which are alien to her real interests by obscuring and reproducing unequal relationships of power. This implies both a privileged knowledge of reality and a tendency to see women as passively determined by externally imposed meaning structures. This type of analysis presents problems in accounting both for the individual’s ability to stand outside ‘dominant’ constructions and to criticize them, and in their ability to overthrow and to create new interpretations of reality. As Connell (1987) has argued, what is needed is a concept of ideology which allows us to move away from a focus on questions about ultimate origins and root causes of oppression towards questions of how gender relations are organised as a going concern, and the strategies which men and women employ to rationalise and legitimate inequality.

4 e) Integrating Personal Meaning and Social Structure.

There have been a number of approaches to this problem of how gender relations and sexuality are organised, all of which share a concern with the way in which meaning is constructed within a particular social context and which draw attention to the way in which all knowledge is ultimately mediated through individual perceptions. This emphasis on the way in which meaning is constituted can be found in Foucault's work which examines the way in which discourses arise in response to

particular historical and social processes (Foucault, 1979, 1981, 1983; Shender, 1981). For Foucault the focus is on language itself and how it is used to create and define meaning rather than on the power of an external reality to impose meaning on individuals. Thus language is not seen as neutral. Foucault starts from a particular rather than from a general analysis of power and focuses on the creation of discursive regimes through which the meaning of particular objects, for example madness or sexuality are constituted. While Althusserian Marxism views specific forms of power relationship as external to the individual, as emanating from organizational structures and as defining individual consciousness, Foucault sees power as more diffuse and as productive rather than merely repressive. His work thus draws attention to the way in which discourses construct individual subjectivity and thus how concepts like sexuality, the body and scientific knowledge are constituted and may change in response to changing power and knowledge relations which are themselves rooted in social conditions.

This focus upon language and the active construction of meaning has been a feature of studies which analyse discourse (Billig, 1987; Potter and Wetherell, 1987; Wetherell, 1990) and move away from a search for the 'real self' or for the 'true' meaning of an account, towards the way in which discourse is used to construct and mediate meanings within the immediate social context, emphasising meaning and the construction and function of repertoires rather than the 'genuineness' of accounts. These studies have moved away from seeing power primarily in terms of the way in which resources are distributed, or in terms of the ability of the powerful to subvert the consciousness of the powerless, towards a focus upon the way in which knowledge and power is productive of the agenda itself and actively constitutes the meanings to which individuals ascribe. Such an analysis allows for an inclusion of the total context, and is tolerant of ambiguity and contradiction. Since reality is seen as an invention rather than as a discoverable entity the emphasis is

not therefore on discovering the 'real' perceptions of individuals and the ways in which these may have been subverted by externally derived ideological conditions, but on the process of negotiation and representation of meaning.

Both Billig *et al* (1988) and Potter and Wetherell (1987) draw attention to the fact that the impact of 'dominant' ideologies is seldom total, and that the individual is likely to find herself at the intersection of many competing discourses, all of which can contribute to the construction of individual meaning. This view of competing discourses and the focus on discursive practice admits the possibility of looking at ambivalence and ambiguity in narrative, and thus gives greater access to an understanding of the *process* by which events are made meaningful for the individual and the way in which personal and structural pressures are integrated into the individual's idea of the self and of her identity as a mother. Billig *et al* (1988) explore the ideological nature of the 'contrary themes' which individuals draw on in order to make sense of their experience and the way in which these repertoires of meaning are rooted in historical and social processes. Thus although they, "seek to elucidate social psychological processes through an understanding of discourse, they do not seek to separate discourse from social action" (Billig *et al*, p. 4). Instead they wish to explore the way in which some of these ideological dilemmas are played out as individuals struggle to make sense of their experience.

Drawing on this insight into the way in which knowledge and identity are constructed, post-structuralist feminist accounts of mothering and of gender (for example Gordon, 1986; McRobbie, 1978; Pheonix, 1991; Riley, 1985; Segal, 1990) have attempted to move away from general theories of power and a search for universal causes of women's oppression towards an investigation of the way in which womens' experience is constructed within particular social contexts. While drawing on the larger framework of power, meaning and social expectations, post-structuralist feminist analyses have focussed on specifics in trying to explain how

motherhood is constituted for particular women in particular social circumstances. Gordon (1986) has drawn attention to the way in which definitions of 'good parenting' may change in response to changing economic and social needs. Pheonix has looked at the way in which young motherhood has been constructed as problematic and uses this insight to re-examine commonly held assumptions about young mothers. Riley, in her study 'Post war pronatalism' (1985) focuses primarily upon language and the historical construction of the meaning of motherhood. Riley rejects the notion of dominant ideologies which structure women's experience in favour of an approach which looks at the ways in which a variety of agencies have defined and constituted 'normal' motherhood. Her main focus is therefore upon language and rhetoric and the way that competing discourses of women's experience have been disarmed or stifled.

The focus upon discourse and the way that meaning is constituted through language adds an important insight to the way in which stress and support in mothering can be understood. The strength of this approach lies in the possibility it offers of moving away from the notion of the 'real self' which has been subverted by external constructions of meaning, to the way in which the self is actively constructed in every day accounts. Thus the production of meaning is seen as a specific practice rather than as a reflection of an external reality. By focussing on the way language is used to construct meaning it thus becomes possible to take apart women's accounts of mothering and to begin to understand the way in which mothers come to terms with competing constructions of their experience in a way which is both meaningful and acceptable to them. This is important for the present study in which women's subjective experience as mothers and the meanings they attach to the concepts of stress and support are examined within the social framework which engenders them.

The studies discussed here have outlined some of the approaches and the problems addressed in studies of motherhood which attempt to integrate an understanding of the social context in which mothering is carried out with an understanding of mothers' internal appraisal of events. The present study attempts to draw on the strength of some of these approaches and in particular to address the problem of the relationship between social and ideological constructions of women's experience as mothers and of the mothers' subjective construction of events. The next section will outline the rationale for the present research and the way in which the insights afforded by the studies discussed above have informed the design of this study.

5) Aims and theoretical framework

There are a number of key questions which emerge from the preceding analysis. Firstly, what are the causes of stress in mothering and how far can they be seen as due to individual or to social factors? Secondly, how do the resources which are available to mothers construct and define the maternal experience? Thirdly, what roles do personal and professional relationships play in mediating or exacerbating stress, and lastly, how do mothers make sense of their experience of stress and support in mothering within the parameters available to them? These are the questions which this research attempts to address.

As the foregoing analysis of the various approaches to motherhood has shown, motherhood is an area which is socially constructed but which is experienced as an intensely personal and unique relationship between mother and child. Because of this, in order to understand mothers' experience of stress and support it is necessary to place mothering in its personal and social context, and to examine all the factors which impinge upon mothers' experience.

The research focuses on the *mother's* experience, and on the mother's perspective on stress and support as distinct from a concern with the quality of mother-child interaction or the effects of motherhood on the marital relationship. Because of this commitment to the validity of mothers' experience and the need to understand the process by which stress and support are made meaningful in mothers' lives, the present research draws on mothers' accounts of their experience as the primary source of data. Although the focus is on mothering rather than on parenting the rightness or naturalness of mothers as primary care givers is not taken for granted and the possibility and indeed the necessity for alternative ways of organizing child rearing is acknowledged. However, in questioning the construction of the mother's role as central, the research also recognizes the deep affectionate ties which exist between mothers and children and the central importance of mothering in many women's lives.

In this study the quality of the maternal experience is seen to arise from features of the task itself, from the social and economic conditions which surround it, and from the quality of mothers' close personal relationships. Stress and support in mothering are seen as products of both external factors and of mothers' internal appraisal of events and relationships. The research draws on materialist views of women's experiences derived from feminist analyses of the importance of the work of mothering and the social conditions in which it is carried out in determining the quality of mothers' experience. The focus is on the material and emotional resources available to mothers, and the way in which elements in the current social context may contribute to or alleviate mothers' stress. Mothers' accounts of their experiences are seen as mediated through a range of factors such as ethnicity, class and gender, all of which will have a bearing on their access to material and emotional resources and on the relationship between mother and child.

The questions addressed in this research centre on mothers' experience of stress in mothering and the way in which that stress may be relieved or exacerbated by features in both the material and the relational context. In this study the concepts of stress and of support are treated not as fixed, measurable concepts but as intimately bound up with the construction of meaning and of mother's sense of personal identity. In contrast to previous studies which have looked either at the experience and sources of stress in mothering, or at the nature and quality of maternal support (Antovsky, 1979; Berkman and Syme, 1979; Nuckolls, Cassell and Kaplan, 1972; Pearlin and Johnson, 1977) this study focuses on the way stress and support are constituted, looking not only at the extent and the sources of stress and support in the environment of new mothers but at the way in which these concepts are constructed in mothers' accounts.

The experience of mothering is not seen as determined either by inherent personality structures or by socially prescribed roles. Mothers are seen as agents who actively make sense of and act upon their environment and to some extent as creators of their own experience although their interpretations are seen as mediated through the social context in which they occur. Thus, the study attempts to integrate internal and external constructions of motherhood focussing not only on the social context which structures mothers' experience, but also on the way in which mothers make sense of their experience within the parameters available to them.

These two approaches, the materialist approach emphasising objective facts and determinism and discursive perspectives emphasising process and relativism are often seen as directly in conflict. However, as Hall (1985) has pointed out, there is a need for some kind of synthesis between relativism on the one hand and realist epistemology on the other. A totally relativist view is ultimately unhelpful since it fails to address the problem of the very real power relationships which already exist within society. Lukes (1986) similarly draws attention to the importance of coming

to terms with what he sees as sliding scales of power within society. Thus although the power to create and define meaning is common to all individuals, all individuals do not possess this ability equally. The power to define and create dominant meaning structures is underpinned by the access which individuals, groups and institutions have to existing power structures. Thus, individual interpretations of experience need to be understood as running with or against the gradient of power. The present study also adopts the view that discourses do not arise within a social vacuum, but are likely to reflect the individual's location within existing power relationships which are themselves socially constructed. Although it is not impossible for individuals to challenge dominant meaning structures, their ability to do so is likely to depend on their location within the real conditions which lie outside that particular discourse.

In this study, meaning is seen as entirely social, 'a form of dialogue within the individual' Billig *et al* (1987 p 6) which can never reach a definitive conclusion and which is part of the process through which the individuals' identity is constituted. The focus in this study is therefore not on discovering the definitive truth about mothers' experience but in exploring the way in which that experience and the meanings which mothers ascribe it are constituted. In interpreting mothers' perspectives on stress and support it is important to understand the discursive nature of these perceptions without denying the physical and material conditions which also shape women's experience. In this thesis therefore a distinction is made between the material conditions in which mothers mother and their construction of and interpretation of events. Thus part of the analysis is devoted to examining the work of motherhood and the material resources available to mothers and part to examining the way in which these conditions are interpreted in mothers' accounts. This distinction between the material and the interpretive can never be clear cut since mother's descriptions of material resources can also be seen as interpretive,

but it does enable some comparisons to be made between what mothers and members of their support networks *do*, and the way in which these actions are interpreted. As Connell (1987) has argued, there is a need for a perspective, “which can interweave personal life and social structure without collapsing towards voluntarism and pluralism on one side or categoricalism and biological determinism on the other” (p. 61). It is unhelpful to see, for example a mother’s account of her lack of sleep only in discursive terms and to deny the real effects that this may have on her and the real stress it may cause. However, it is also important to understand that mothers will interpret their sleep loss in the context of their relationship with their child and their perception of their identity as mothers. Their interpretations of stress and support are thus likely to vary with the meanings mothers attach to the context in which they occur. Examining these context-bound interpretations can shed light on the way in which the discourses surrounding motherhood and gender can influence the experience of stress and support.

This study sets out to discover how the tensions brought about by maternal stress are resolved, whether support relationships as they are currently constructed can fulfil mothers’ needs, and how mothers interpret situations in which their material interests appear to be threatened. Mothers’ interpretations of stress and support are closely aligned to the question of the way they interpret their interests. Ideological analyses point up the discrepancies which often exist between individual’s material interests and their personal values and beliefs. However, as Hirschman (1986) has pointed out, interests themselves are socially constituted. Thus actors may at different times and also at any one time have a number of conflicting interests responding to different aspects of their identity, none of which can be said to constitute their ‘real interest’. In this study mothers’ interests are seen as neither static nor uni-dimensional. While there may well be a conflict between material and emotional interests, when mothers do not give priority to their

material interests this is not taken as evidence that mothers' consciousness is false, but instead is seen as evidence of the way in which mothers actively interpret their experience. The researcher's task is therefore to map out mothers' perceptions and to explore some of the trade-offs which appear to exist between different aspects of mothers' needs.

As in the La Rossa and La Rossa (1981) study, the work associated with mothering and mothers' responsibilities within the family are viewed as important determinants not only of the experience of mothering but of mothers' ability to negotiate for support within their close relationships. Similarly, the study draws on the insights offered by feminist interactionist studies of mothering, for example Backett (1987) which draw attention to the way in which the resources available to individuals within a relationship can structure the meaning and quality of the relationship itself. The present study shares the emphasis of the La Rossa and La Rossa (1981) and the Backett (1987) study on the need to incorporate an analysis of both material and personal resources and to acknowledge conflict within close relationships. It is because of this that the experiences of women in conditions of social stress are seen as an important part of the study. In this study the material and ideological context in which women mother is seen as making a vital contribution to the meanings which women give to the experience of stress and support. However, the present study attempts to go beyond analyses which look at meaning in the context of interpersonal resources, towards an understanding of the way in which these interpersonal resources are linked to external social-structural and ideological variables. These conditions are seen as linked to patriarchal constructions of motherhood which will influence women's access to material and emotional resources and to leisure time. There is therefore no assumption that conflict in sexual relationships will be resolved or that there can be a joint construction of meaning between sexual partners. This is because the conditions

which engender that conflict are seen to arise both from within and without the relationship, and because the negotiation of meaning is seen as a continuing process which can never reach an ultimate resolution but which is part of the process through which individuals constantly create and maintain their identity. The concepts of fatherhood, motherhood, and parenthood are seen as having an individual rather than a negotiated meaning. When conflict appears to be resolved it is because individuals who participate in relationships have adopted a strategy for dealing with conflict which enables them to preserve their sense of identity and which is consistent with their current value system, rather than because the participants in a relationship have negotiated an identical interpretation of events.

As in Wearing's (1984) study, mothering is seen as occurring within a structural and ideological context which defines the parameters of maternal experience. However, mothers are not seen as simply determined by dominant ideologies, but as individuals who retain some degree of autonomy and who are actively engaged in making sense of external constructions of their experience in ways which are meaningful for them. The study thus draws on some of the insights offered by discourse analysts and by post-structural feminist accounts of mothering which have questioned the idea of the self as a single unitary entity and have drawn attention to the fact that individuals may carry with them many competing constructions of their experience which they draw on in making sense of their situation (Potter and Wetherell, 1987). Whereas in Wearing's (1984) study women were assigned to categories which were assumed to reflect their 'real' views on motherhood and are described as either 'traditional', 'progressive' or 'radical utopian', in the present study such categories are held to be meaningless except to describe a particular utterance in a particular social context at a particular time. In this study the construction of meaning is seen as continuing within the accounts and mothers are seen as actively engaged in responding to the changing demands of their situation.

Wearing's study sets out to look at one specific challenge (the feminist challenge) to dominant views of motherhood, and to identify some of the features in the social structure which make this challenge possible. Her analysis is based on the assumption that women have either false conceptions of their experience which are structured by the dominant patriarchal ideology, or correct representations of their experience in so far as they embrace feminist constructions of motherhood. In the present study, however, existing frameworks of meaning are assumed to influence though not to determine mothers' subjective definitions of their experience. Mothers are seen as *relatively* autonomous individuals who make sense of their experience by drawing on both individual interpretations and on the discourses available to them. The discourses which are available to mothers are seen as located within existing power structures which will provide mothers with a persuasive repertoire of meanings within which they must struggle to define their experience. Thus mothers may find their experiences defined in ways which increase their stress and may need to come to terms with this dilemma within the terms available to them. This is not to imply that mothers' consciousness is false, but rather that they are engaged in struggling for a new interpretation of their experience which reflects rather than masks their subjective definitions of experience.

Although they do not have the power to determine experience, dominant discourses of appropriate behaviour do appear to have the ability to mask their own value structures so that they become viewed as natural and unchangeable. It is in this sense that individuals can be said to become subject to them, because in so far as they are perceived as value free and therefore not open to question they present the individual with a problem in trying to make sense of her experience without calling these taken for granted assumptions into question. This process is a central theme for the current research which attempts to understand mothers' attempts to

make sense of their experience within the framework of meaning which is available to them.

6)The Study design.

6 a) The sample

This is an exploratory study which aims both to describe and to analyse mothers' experience of stress and support without making prior assumptions about the relevance of either elements in the social context or the quality of the mothers' close relationships. First time motherhood is chosen as a time when women are likely to be actively engaged in negotiating for support and coming to terms with their experience of stress. Thus while the second or third birth may well bring with it greater demands upon the mother's time and energy, it was hypothesized that the first birth would most sharply present mothers with the task of coming to terms with changes in their status and in negotiating for effective support.

The in-depth nature of the study dictated a small sampling frame and yet it was important that the sample should allow for the exploration of as many different facets of the maternal experience as possible. Thus the mothers in the study were drawn from a wide range of social and relational backgrounds in order to examine how a wide spectrum of factors affect women's experience as mothers. As Pheonix and Woolett (1991) have argued, many studies of motherhood focus on white middle-class mothers and omit black and working-class mothers. This, they argue, results in the reification of popularly accepted notions about the circumstances in which motherhood *should* occur. Thus, while samples of white middle-class mothers are assumed to illuminate processes of normal development, black and working-class mothers are over represented in pathological studies of 'problem' motherhood.

The present study draws on mothers from a variety of social circumstances ranging from those who are materially well off to those who face very real social and economic difficulties. The sample also includes a small number of black women, for whom it is assumed that the disadvantages associated with gender and with class are likely to be compounded by those of race. This was done in order to explore the experience of mothering in a range of social circumstances, none of which are seen as necessarily abnormal or pathological.

Although lesbian mothers were not excluded from the sample none came forward for interview and all the women in the study identified themselves as heterosexual. The fact that this is a study of heterosexual mothers has important implications for the results since all the mothers in the sample, whether they were in current sexual relationships or not, were in some way bound by the expectations which surround heterosexual relationships and these had a direct influence on their experience as mothers.

The choice of sample was dictated by the exploratory nature of the research and the range of variables which needed to be covered and also by the multi-faceted and complex nature of stress and support which emerged from the literature review. The main variables of interest in the study, stress and support, were treated as multi-dimensional, overlapping and highly subjective concepts whose characteristics were as yet unknown. Because of this the sample was chosen to reflect as many dimensions of those two variables as possible. No preconceptions were used in the design of the study about the relative importance of the factors which might influence the mothers' experience of stress and support.

While it might have been desirable to have matched mothers across a number of variables and social situations in order to make comparisons between groups, it would not have been possible to do so without using a much larger sampling frame. Given the constraints on time and resources this would have meant losing the depth

and breadth of the present study in favour of an approach which set out to test one or two more specific hypotheses. Although some factors emerged as important in the course of the study (for example the relationship with the spouse) it was important that the design of the study did not set out by making any prior assumptions about the importance of various relationships or social factors, so that the full range and more importantly the interaction between the various factors could be explored. Because of the complex nature of both stress and support, to do so would have been to lose some of the richness in the analysis and particularly some of the insights which arose from seeing the interaction between variables.

This strategy produced a sampling frame from which predictions in the statistical sense could not be made. It did however produce a study design which offered a strong potential for understanding the dimensions of stress and support and the ways in which they are experienced and constructed in the context of first time motherhood.

Since the study set out to investigate the relationship between mothers' social and relational circumstances and the quality of the mothering experience it was important that the sample included mothers who experienced wide variations in the quality of their social support as well as in their social circumstances. The sample was therefore made up of 2 groups of mothers who were chosen because they were likely to have very different experiences both of mothering stress and of social support. Ten mothers who had spent considerable periods of time in residential care were included in the sample, primarily because it was hypothesized that they were likely to have fragmented social ties in adulthood and to have low or conflicted access to social support. Thus it was not their experiences in care, nor the disruption in early childhood which were the main points of interest but the likelihood that they would have low social support in adulthood which would directly affect their experiences as mothers. For the ex-care mothers, like mothers from

more stable backgrounds, the focus was on their *current* social and relational context, and on the role which social, emotional and structural variables play in influencing maternal outcome.

Women in highly stressed socio-economic situations like the mothers who have been in care raise many questions about the causes of mothering dysfunction, which can be explored by a closer examination of their relationships and experience. Ex-care mothers are generally over represented in child abuse statistics and yet there is considerable debate about whether the causes of their problems are to be located in their early childhood experience, which is assumed to have produced long lasting psychological damage which impairs their ability to parent effectively, or in their acute social disadvantage in adulthood (Creighton, 1987; Quinton and Rutter, 1985; Rutter, 1984). In this study it is hypothesized that although adverse early experience is a good predictor of later difficulties, and particularly of mothering difficulties, it is the economic, social and relational context in which mothering is carried out which is likely to be a decisive factor in predicting the quality of mothers' experience. It is proposed to examine this hypothesis by looking at the conditions in which both groups come to parent, and comparing the opportunities and resources available to each of them.

While all the mothers in the study are seen as subject to the same underlying structural and ideological processes which will determine their access to material and emotional resources, the ex-care mothers are seen as particularly vulnerable to social stress because of their fragmented family ties. It is hypothesized that the extreme levels of social stress and low levels of support experienced by these young women will be an important factor in compounding the vulnerability induced by their early experience.

The present research therefore looks at the role played by factors in the mothers' social context, including their material conditions and the quality of their close

relationships in determining mothers' perceptions of stress and support. It also explores the mechanisms through which deprivation may be perpetuated in adulthood and the process through which mothers who have been in care may come to parent in conditions of material and relational disadvantage. The study aims to identify key factors which either contribute to or mediate the effects of stress for all mothers but particularly for mothers who are most disadvantaged, and to identify ways in which their stress can be reduced and in which the support offered to the most vulnerable mothers can be improved.

6 b) Analysis

The analysis reflects the twin aims of the study, to explore the causes and consequences of maternal stress, and to gain a more complete understanding of the way in which mothers make sense of their experience of stress and of support. In the analysis of the accounts the study draws implicitly on the insights offered by attribution theorists who are concerned with the way in which individuals make sense of their experience, their perceptions of the causes of behaviour, and their attributions of responsibility and blame (Antaki, 1981; Jones, *et al*, 1972). Most attribution theorists have been centrally concerned with personal or interpersonal perceptions of the causes of behaviour, for example the attributional research into marital relationships which uses a number of causal dimensions to differentiate between distressed and non-distressed couples (Fincham and O'Leary, 1983 ; Hewstone, 1989). However in the present analysis the attributions which mothers make and the way they account for their stress are seen as located in the wider social context, which will provide a range of meanings through which their accounts are mediated, and which are then made real and intelligible at the personal and the interpersonal level. Like those studies which have made inferences about the social and situational influences on attribution for example Bograd (1988) and Andrews

(1992), who have drawn attention to the strategies which men and women employ in attributing responsibility for sexual violence, this study has attempted to focus primarily on the way in which women make sense of their situation within the social context. However, in this study there is no assumption that it is possible to extract clear unequivocal attributions from the accounts. The focus is therefore not so much on quantifying and categorizing attributions as on examining the repertoires of meaning which mothers draw on in making those attributions, and the way in which these are intimately bound up with the dynamic quality of their personal relationships. In one account there are likely to be many different and conflicting interpretations of events. Thus mothers' attributions are not seen as fixed, but as part of a continually changing web of meaning which is still in the process of construction within the account. Mothers are seen as presenting their accounts and as making attributions in the way outlined by attribution theorists (for example Tedeschi and Reiss, 1981) and yet at the same time as struggling to create meaning, and as juggling with conflicting versions of events arising from the social and ideological context and from their personal repertoire of values and beliefs.

In the approach to the analysis of the interview data the research draws on critiques which have attacked the positivist view of interviews as essentially ascertaining facts or beliefs about the 'real world' outside the interview, as untenable. For example, social interactionists have drawn attention to the interview as a social event in which context is all important (Brennen, 1981; Hammersly and Atkinson, 1983). Ethnomethodologists (for example Garfinkel, 1967) have focussed on the way in which knowledge itself is constructed. The self-report is seen as a creation of the interaction between interviewer and subject which represents only what the individual is willing to say about herself and her situation to that person at that time (Combs and Soper, 1957). The interview data is seen as reporting not on an external reality but on the internal reality of the interview as constructed by both

parties. The indexicality of both subjects and events (that is, their dependence on the surrounding context for their meaning) means that they cannot be understood without reference to the identities of the actors and their biographies, their interests and aims, the setting, the relationship between the actors, and the sequence of events in the interview.

In this study, therefore, the interview is seen essentially as an encounter between interviewer and participant, both of whom will bring ideas and beliefs to the encounter and will continue to construct and develop meaning within the account. The interview can be seen as an active construction of reality between both parties who will both strive to represent and construct meaning within the social encounter. Particular attention is therefore paid to the role of the researcher in the interview who is seen as an active participant in the research act, and whose personality and style of intervention will have a direct bearing on each participant's response.

Mothers' accounts of their subjective experience of stress and support in the early months are seen as reflecting an essentially constructed meaning and a sense of self which is not amenable to external validation. Following this view of reality as an invention rather than as a discoverable entity it is also necessary to recognise the discursive nature of this study, which reflects a particular view of reality within a particular social context. This acknowledgement that reality may be subjective does not mean that all attempts at adequate representation should be abandoned, but rather that the values which underpin such a study should be made explicit, and the way these values have informed the choice of subject matter and methodology should be explored.

One of the most important values underpinning this research is that of the validity of women's experience, and the importance of addressing the conditions of stress in which mothers mother, whether this stress arises from inequalities in gender, race or class. It is because of this that the thesis focuses both on the material conditions

in which women mother and the interpretive repertoires available to them. In this study therefore, mothers' accounts of their perceptions of their close relationships and feelings of stress are treated as valid within their own terms, rather than assessing their accuracy as representations of internal dispositions, and contradictions within accounts are seen as a reflection of the complex interaction between social and ideological influences on what are usually conceived of as private intimate relationships.

On one level, as Potter and Wetherell (1987) have pointed out, to distinguish between the world 'out there' beyond the discourse, and the internal construction of subjective meaning is a meaningless dichotomy since there can be no 'world out there' which has not in some way been constructed and constituted through meaning and language. However, this 'common sense' dichotomy between the world in the sense of the material context, and the internal construction of subjective meaning is one which can be said to correspond to the individual's intuitive understanding of the world. In making sense of their experience mothers are constantly juggling with these two aspects of their experience, assigning relative objectivity to factors in the social context, like poverty and poor housing over which they perceive themselves to have little control, and in contrast seeing their relationships as relatively subjective and internally derived since these are areas over which they believe they do have some autonomy. The researcher is also engaged in a similar process of choosing where to draw the line between what is treated as objective and what is treated as interpretive.

The present study attempts to follow this 'common-sense' view of reality, addressing the problem of mothers' subjective experience within a given social context and attempting to understand the world as it is perceived by the mothers. The social context has to be inferred from the mother's account of it, and yet mothers' social circumstances, their housing situation, their income, their work

experience and present status all need to be treated as relatively objective facts in order to make meaningful inferences about the interplay between the social context and mothers' internal appraisal of it.

As Thompson (1984) has argued, meaning cannot simply be read off from the discourse, and accounts cannot simply be detached from the social and economic conditions in which they occur. Similarly Wetherell (1990) has argued that, "discourse must be seen as grounded in and conditioned by particular social, material and historical contexts" (p. 10). Therefore, she argues, it is not enough simply to analyse a particular type of discourse, it is also necessary to make the connection between social and relational factors and to explore by means of a general interpretive theory the manner in which language, accounts and cultural narratives serve to sustain relations of domination.

Thus in this study, although primacy is given to the analysis of accounts, the accounts are seen as located in real social and economic conditions which reflect mothers' access to resources within society and which will have real and measurable effects on women's experience. A distinction is made between the 'real' structures of the household and the power relationships which encompass women, and the construction of meaning within those parameters. For this reason, in the present study the interviews are treated both as relatively objective verifiable reports of mothers' experience and as subjective, constructed accounts. The social context in which women mother is treated as real and as lying outside the discourse. The hours mothers work and their access to material and interpersonal resources are treated as relatively objective facts which can be quantified and through which an assessment can be made of their levels of stress and their access to support, and through which comparisons can be made between mothers' experiences. The analysis shifts between these two levels of interpretation, treating as relatively objective those features in the social context which appear to have real and

measurable effects on mothers' experience and treating as relatively subjective those areas of the accounts where mothers are dealing with their perceptions of the quality of their personal relationships. Both approaches are necessary, one because it offers an insight into the conditions which construct stress and support and the other because it offers an insight into their meaning and personal construction and allows us to explore the interface between the personal meaning and social structure.

The justification for this analysis lies in the breadth and inclusiveness of the approach. The study does not claim to be able to discover the definitive truth about women's experience as mothers. However, in employing methods which allow for an exploration of the many factors which structure women's experience, including their subjective appraisal of events, it aims to produce an explanation which reflects all aspects of mothering. The interviews in this study are used to draw out those aspects of motherhood which are often hidden, and to explore areas of conflict and doubt, with the aim of making the interviews more inclusive and therefore more adequate representations of mothers' experiences.

Thus while it is not possible to generalize from this analysis in a statistical sense it is possible to claim that the analysis can provide a more inclusive and therefore a more adequate framework of understanding, which can offer insights both into the kinds of factors which are important in determining the quality of the mothering experience, and of the way in which mothers make sense of that experience within dominant gender ideologies.

In understanding the way in which material and relational factors interact in the lives of individual women it is possible to draw out some common patterns. From this it is possible to make some inferences about the key factors which influence the experience of stress and support and about the social and ideological framework within which they are constructed. In spite of the difficulties in making predictions

from such a small sample, the insights gained from the current study can also be useful in developing hypotheses which could be tested out in a larger, more explicitly focussed study. The strength of the present approach lies in the potential it offers for the deconstruction of the notions of stress and support, showing them to be dynamic, changing constructions which are deeply imbued with meaning, and in the way in which the analysis allows for an exploration of the interface between the social framework within which maternal experience is located and the personal meaning attributed to it.

6 c) Outline

The present study attempts to ground mothers' experience within the social context, while examining the way in which dominant constructions of motherhood impinge on and structure mothers' experience of stress and expectations of support. However, mothers are not seen as passively structured by these external factors, rather there is a constant interchange between external and internal factors. Thus the study draws on a model of stress and support in mothering which allows for the inter-play of individual *and* social factors. The structures underlying the experience of motherhood are examined throughout the research through an analysis of the division of labour in parenting, of power within the family and the institutionalisation of that power within professional bodies which intervene in mothering, and an analysis of the construction of sexual identity around the maternal role.

The effects of the material conditions under which mothering is undertaken and the division of labour are explored in chapters dealing with the work of mothering and the resources available to mothers, which are assumed to be important determinants of the mothering experience (Chapters 3 and 4). Similarly, relational aspects are examined through an analysis of mothers' accounts of their personal relationships (Chapter 5). The exercise of power within both personal and

professional relationships, which is drawn from a structural analysis of the discourses surrounding motherhood, is discussed in chapters dealing with mothers' perceptions of their personal and professional support relationships (Chapters 5 and 6). Mothers' personal perceptions are understood in the context of the structural and ideological forces which shape the quality of these relationships, and this perspective is developed in chapters 5, 6 and 7.

Throughout the thesis the experiences and perceptions of the more disadvantaged mothers are compared with those of mothers who are not so disadvantaged. They are also considered separately in chapter 7 which looks at the process through which mothers who have been in care come to parent in conditions of social and relational disadvantage and which examines the effects of that disadvantage upon mothers' ability to parent successfully. However, the analysis also emphasizes the commonalities in women's experience. Thus, although they may be differently located in the social structure and have differing access to resources all women are seen as subject to the same potential stressors and all as struggling to make sense of their experience within the social and ideological parameters available to them.

The stress of mothering brings all mothers up against the social and ideological boundaries which define their experience. It is at this interface between personal experience and social structure that we can begin to glimpse the way in which mothers both assimilate and resist social and ideological definitions of mothering, creating for themselves a new understanding of the meaning of their experience. It is only by understanding the way in which mothers come to terms with these structural and ideological influences upon their relationships that we can fully understand the meaning of stress and support in mothers' lives.

Chapter 2 Sample, method and analysis.

1) The sample

Twenty five mothers were interviewed in the year following the birth of their first child. They were drawn from 2 groups; 15 of the mothers had had reasonably stable early experiences (referred to throughout as the 'Stable' group), and 10 had had disrupted early experiences (referred to throughout as the 'Ex-care' group). The recruitment of the sample is outlined in section 1a) of this chapter.

The sample was chosen in order to explore the meaning of stress and support for women who came to parent in a range of social circumstances, who were thus likely to differ in their experience of stress and in their access to social support. Thus, the composition of the sample was as heterogeneous as possible and drew on different class and social backgrounds in order to bring in a wide range of social contexts ranging from high social stress, which was associated with factors like low income and poor housing, to low social stress, which was associated with relatively high income and adequate housing. Although it was fairly easy to select a sample of women who were parenting in a range of social and economic contexts, it was not so easy to predict the quality of mothers' support relationships. In order to ensure that the sample included some women who were likely to have fragmented social networks in adulthood, 10 women who had spent considerable periods of time in care were included in the sample. The ex-care mothers were selected from amongst those who had spent at least 3 years in care in adolescence since these were most likely to experience fragmented social networks in adulthood. Thus women who had had experienced early childhood deprivation followed by periods of stability in which family ties might be re-established were excluded from the study. By including the ex-care women it was thus hoped to increase the range of the study and to give an

opportunity to examine the effects of parenting under extreme conditions of high social stress and low social support. A group of women from stable backgrounds who were in high stress low support situations might have met the need of the research just as well. However, it would have been difficult to locate such a group of women or to predict accurately their lack of access to social support in the same way as it was for the mothers who had had prolonged family difficulties lasting from childhood into adulthood. Because of the difficulty in negotiating access to the ex-care women it was not possible to stratify the sample any further, for example controlling for the length of time spent in care, or for early history of abuse. As a result, the mothers had gone through a variety of early experiences. However, they shared a common characteristic in the fragmentation of their family ties and thus their access to social support, which was the main focus of this study.

In including the ex-care mothers the intention was not to emphasise the effects of early experience, as hypothesised in attachment based theories of development (eg. Bowlby, 1969, 1972; Goldfarb, 1955; Goldberg and Lewis, 1969) which see the long term effects of early disadvantage in terms of personality structure, or in terms of a fixation at particular developmental points. The ex-care mothers were included because it was hypothesized that these women would come to parent in situations of high relational stress and low social support, because of their deprivation in early life and their fragmented family ties. The focus was therefore on the *current* parenting context for all the mothers in the sample and on the role which social, emotional, and structural variables play in influencing parental outcome.

Although a number of studies have indicated that early disadvantage may have effects on personality and is likely to increase the individual's vulnerability to social stress (Frommer and O'Shea, 1973; Pawlby and Hall, 1980; Rutter, 1984), the extent to which this vulnerability is attributable to personal or to social-structural factors has not been fully established. Much of the literature

examining the cycle of disadvantage theory, for example Rutter and Madge (1976), has shown that the high levels of socio-economic and relational stress experienced in adulthood by those who have experienced early disadvantage are important determinants of their impaired psycho-social outcome. As Rutter and Madge (1976) have argued, the process by which disadvantage is transmitted is a complex one in which early experience is mediated by a range of social influences such as housing, poverty and social support. Thus, the parenting experiences of women who have been in care and who are likely to parent in conditions of acute social and economic stress need to be understood in the context of their current social and economic deprivation which will define the quality of their personal relationships, and will limit their access to emotional as well as physical resources. It was hypothesised that the social, relational and economic context in which mothers come to parent is likely to be more important in determining the quality of mother's experience than the long term effects of early disadvantage. Thus it was the relationship between stress and support in adulthood, rather than personality characteristics in the mother which were seen as most important in determining maternal outcome.

The sample was not matched in terms of the age of the mother. The ex-care mothers tended to be much younger than mothers in the general population. To match the ex-care mothers with other teenage mothers would have produced a sample which lacked the breadth of a sample drawn from both older and younger mothers. This is because of the special characteristics of teenage mothers, who are more likely to be subject to high levels of social, though not necessarily relational stress than older mothers (Jones *et al*, 1986; OPCS, 1987; Pheonix, 1991). For example, teenage mothers are more likely to be working class and to be single parents than older first time mothers. Thus a comparison between young mothers from stable and ex-care situations would have tended to exclude the range of stress and support contexts which was essential to the aims of the study.

The sample was designed to explore the meaning of stress and support without making too many prior assumptions about the relative importance of stress or support factors or the way that these interacted in the women's lives in determining the quality of their experience. Choosing to look in depth at a sample which was diverse in terms of the social and economic context and the quality of the support relationships raised problems of comparison, mainly due to sample size and to the difference in age between the stable and the ex-care mothers. However, both the diversity and the depth in the sample were necessary in order to allow the main research questions to be explored. These were; how do social-structural and relational factors influence mothers' experience of stress and support in parenting, and how do mothers make sense of their experience and negotiate for and obtain effective social support ?

1a) Access and recruitment

The research proposal was initially submitted to both the local medical ethics committee and the social services department who gave permission for the recruitment of the sample through mother and baby clinics and indirectly through social work contacts. Subsequently, a housing association which catered for young, vulnerable mothers was also approached. A large multi-practice health centre in an area with a very wide social mix, including both middle class owner-occupiers and rented and homeless families accommodation was selected in the anticipation that this would throw up a range of social and economic circumstances. The stable mothers and 1 of the ex-care mothers were recruited by being approached personally at both ante- and post-natal clinics at this health centre, while the other ex-care mothers were recruited either through social services departments, voluntary agencies or through a variety of informal contacts. Twenty six mothers of children aged up to 1 year were interviewed. These initial interviews yielded a completed sample of 10 ex-care mothers and

15 stable mothers (1 stable mother dropped out of the study after the first interview).

1 b) Sample Composition

This section outlines the composition and the socio-economic structure of the sample.

1 b i) Age of mother

At the time of interview, the mothers ranged in age from 17 to 33 years. The ex-care mothers were considerably younger than their stable counterparts, with a mean age of 19.1 years as opposed to 26.6 years for the stable group. All but 1 of the ex-care mothers were aged 19 or less at the time of their first child's birth (2 were only 15). The 10 ex-care mothers were considerably younger than their stable counterparts (with a mean age of 17.6 years at the time of the birth of the first child as compared with a mean age of 26.1 in the stable sample).

1 b ii) Marital status.

Fifteen of the sample were married at the time of interview, 12 of these from the stable group. Of these, 4 of the stable group and 2 of the ex-care group married whilst pregnant. One of the 3 ex-care mothers who were married was separated awaiting divorce. Only 1 of the unmarried stable mothers was *not* in a stable co-habitation (defined as a co-habitation of more than 6 months uninterrupted duration). In contrast, while 3 of the ex-care mothers were married, only 2 of these were currently living with their spouse, and of those who were unmarried (7) only 1 was in a stable co-habitation. Much work (for example Crellin, Pringle and West, 1971) has been done on the disadvantages associated with illegitimate birth. However, because of changes in social mores it is important to distinguish between children born in stable co-habitations and those born to single parents (the number of couples co-habiting doubled between 1981 and 1987, from 3% to 6.4%, and 23 % of all births in the U.K. in 1987 were

outside marriage). The social circumstances of each are likely to be markedly different, if only because of the presence of a second wage earner.

1 b iii) Parity.

While all the women in the stable sample were mothers of first children, this condition had to be relaxed somewhat when interviewing the ex-care group who were a much more difficult group to reach. One mother in the course of the interview revealed that her child was in fact a second child as the first child (who was born when she was 15) had subsequently been released for adoption. Another ex-care mother had a second child, who was 3 weeks old at the time of interview.

1 b iv) Age of the child

The ages of the children in the study ranged from 3 to 30 months, with a mean of 11.76 months. The children of the stable group were aged between 3 and 15 months, with a mean age of 9.8 months. In the ex-care sample children were somewhat older, between 4 and 30 months with a mean age of 14.7 months (in the case of the mother whose first child was released for adoption the age of the second child was used here).

1 b v) Ethnic origin.

While all the stable mothers were white, 2 of the ex-care group were of mixed race (each had one Afro-Caribbean parent and one white parent), and a third mother had parents who were both of Afro-Caribbean origin. The ethnic composition of the sample does not reflect the racial mix of the community in which the sample was recruited. Although many women from the Indian subcontinent used the clinics, none volunteered for the study although they were approached. The researcher's difficulties in communicating with the women in their own language may have played a part in their decision not to participate. The racial composition of the ex-care sample more closely reflects the racial mix of young people in care, where black children are over represented relative to

their distribution in the general population (House of Commons Social Services Committee, 1984).

1 b vi) Disruption in early experience

a) Reception into care.

No mother was received into care after the age of 15 (see Table 2(i)). Most had been received into care either between 0-3 years (at which time all were being cared for by lone parents) or between 12-15 years when a variety of parenting situations applied.

Age when taken into care	Number of Women
Less than 3 years.	4
3 to 13 years	1
12 to 15 years	5
More than 15 years.	0

Table 2(i) Age at initial reception into care

b) Reasons given for reception into care

All but 1 of the mothers in the study had been the subject of care orders, although it was impossible to ascertain accurately from the mothers' accounts which section of the child care legislation these orders had been made under. Parental abuse or neglect was the reason most often given by mothers for their reception into care (2 of these had been received into care before the age of 3). Of those mothers who had first been admitted to care as teenagers (3 mothers) 2 gave reasons which were related to family conflict or lack of control (see table 2(ii)).

Reason Given	Number of Women
Non school attendance	1
Parental abuse / Neglect	4 (2 of these were sexually abused)
Unwanted	1
Beyond parental control / Family conflict.	2
Mother's 'inability to cope'	2

Table 2 (ii) Reasons for reception into care

c) Structure of Family Of Origin

The family backgrounds of the ex-care group were characterised by lone parenthood or by disruption through divorce or death. Most of the women had lived with their natural mothers before being taken into care. Lone mothers were most likely to relinquish their children because of lack of control and inability to cope whereas living with step-parents before reception into care was most often associated with physical or sexual abuse. The 2 mothers who had lived with their natural fathers had mothers who had died while they were under 12.

Family composition prior to reception into care	Number of Women
Both parents	1
Natural mother only	4
Natural mother and step father	2
Natural father only	1
Natural father and step mother	1
Both natural mother and natural father and new partners	1

Table 2(iii) Structure of family of origin

d) Placements whilst in care.

All the women in the sample had spent at least 3 years in community homes before the age of 16 (see Table 2(iv)). The trend in child care is for children to spend shorter periods in residential care, and to be boarded out or returned to their natural families whenever possible. (In 1989 only 13.4% of children leaving care has spent 3 or more years in care while 78.4% had spent less than 1 year in care, D.H.S.S., 1989). Thus the current sample represents the minority of children in care who have spent a considerable length of time in residential care and excludes women who had spent only short periods in residential care, or who had been the subject of care or supervision orders and who had remained at home or who had been boarded out in foster homes.

Only 1 mother who had been admitted to care in her teens had experienced just one residential placement while in care. A further 5 had had 2 placements.

Four mothers had 3 or more placements. Eight of the mothers had at one time been placed in a local authority children's home. All but 1 of these had spent more than 3 years in one children's home. Five had lived for a time in 2 different children's homes, in 3 cases because their family or foster placements had broken down, or in 2 cases because homes has closed. Only 3 mothers had spent time with foster parents. All of these placements had broken down. Four mothers had spent the time immediately following their reception into care or the breakdown of a foster placement in an observation and assessment centre, 2 of these for periods exceeding 3 months. Five women had spent periods of 9 months or more in an independence orientated adolescent girls' hostel. One mother had spent 3 months in a secure unit at an observation and assessment centre. All but 1 of the mothers were in residential placements immediately prior to their discharge from care.

Mother s	Residential Placements
Belinda	1) Community home (i) 2) Community home (ii) 3) Community home with education 4) Adolescent hostel
Angela	1) Community home(i) 2) Community home (ii) 3) Adolescent hostel
Cherie	1) C.H.O.A. 2) C.H.O.A Secure unit 3) Adolescent hostel 4) Foster parents
Martina	1) Voluntary home (i) 2) Foster parents 3) Community home (ii) 4) Mother and baby hostel
Marie	1) Community home
Di	1) C.H O A 2) Community home
Paulette	1)Foster parents 2) C.H.O.A 3) Community home (i) 4) Community home (ii)
Sharon	1) Community home (i) 2) Community home (ii) 3) Adolescent hostel
Rachel	1) C.H.O.A. 2) Adolescent Hostel
Tracey	1) C.H.O.A 2) Community home

*C .H O.A = Community home with observational and assessment facilities

Table 2 (iv) Mothers' residential placements whilst in care.

e) Stable Group

In addition to the ex-care group, 1 of the stable group had suffered major disruption when younger (parental divorce, imprisonment of the father and alcohol addiction in the mother). She was retained in the sample however, because she had no experience of being in residential care, having stayed with one or other of her parents throughout this period. Her situation raises questions about the way in which the adult lives of women who had experienced major childhood disruption but had remained with their families might differ from those of women who had been admitted to residential care. In fact, Kim shared some characteristics of both groups of mothers, but was most similar to the ex-care group in economic circumstances and social network. One other member of the stable group actively experienced conflict with her parents although this had not caused disruption.

1 b vii) Housing.

There were marked differences in the housing situation of the ex-care and the stable mothers. While two thirds of the stable group were owner-occupiers, none of the ex-care group came into this category (see Table 2(v)). The ex-care mothers were all dependent on some kind of state or voluntary provision for their housing needs. All but 1 of the mothers had occupied homeless families accommodation at one time, 1 was still in homeless families accommodation and 7 were in flats provided by a housing association which catered for young high risk parents and were awaiting the allocation of permanent council housing. This figure was in part an artefact of the way in which the sample was recruited since many of the ex-care mothers were contacted through housing association schemes which provided accommodation for young mothers who were considered to be 'vulnerable'. It also reflects the age of the children in the sample, since mothers were placed in housing association flats either during pregnancy or

shortly after their child's birth, and could expect to be moved after 18 months to 2 years.

Type of accommodation	Stable mothers	Ex-care mothers
Owner occupiers	10	0
Student lodgings / tied house	1	0
Parents' home	1	0
Council accommodation (permanent)	1	2
Homeless families accommodation	2	1
Housing association flat	0	7

Table 2 (v) Accommodation at the time of interview

1 b viii) Women's employment.

The sample divided quite markedly on the issue of occupational experience, although this was compounded by differences in the mean age of the sample. Four of the ex-care group had had no appreciable experience of full-time work. One had Y.T.S. experience, and another had helped in a playgroup. The rest had short term experience in unskilled manual or retail/service occupations. In contrast, the stable group had all had experience of full time work and all but 2 appeared to have a definite occupational identity. Of these, 9 were in the intermediate non-manual category (mostly in traditional women's jobs; nursing, teaching, social work). One was in routine office work and 3 were retail assistants (junior non-manual). Two were in semi-skilled manual occupations (see Table 2(vii)). The groups differed markedly in the level of skills required for their main occupation. All of the stable group were in jobs requiring some skills or training, while only 20% of the ex-care group had skills of any kind. Striking differences were also found in the opportunities for career advancement, and the degree of career planning for the various groups. Nine stable mothers (60 %) mentioned the possibility of career planning and advancement although not all had clear plans for themselves, while none of the ex-care group foresaw this possibility. Other stable mothers spoke of their prospects in terms of returning

to work at the same level, and emphasised the positive social aspect of their work. Table 2 (vi) shows the parents' employment in the period preceding the child's birth. At this time all of the stable mothers were in employment compared with only 3 of the ex-care mothers (30%).

Stable Mothers	Female Occupation	Male Occupation
Helen	Teacher	Lecturer
Caroline	Shop assistant	Computer programmer
Eve	Nurse	Nurse
Denise	Administrator	Lecturer
Kathy	Jun Civil servant	Lab Technician
*Tess	Hairdresser	Production worker
Penny	Shop assistant	Floor layer
Kim	Receptionist	Lone Parent
Jane	Picture framer	Manager
Mary	Library assistant	Training to be Vicar
Ann	Nurse	Architect
*Deirdre	Book seller	Unemployed
*Marian	Nurse	Hairdresser
Fiona	Community worker	Doctor
Gwen	Social Worker	Social Worker
Ex-Care Mothers		
Cherie	Unemployed	Unemployed
Martina	Unemployed	Unemployed
Paulette	Unemployed	Lone Parent
Angela	Shop assistant	Telecomm Engineer
Tracey	Unemployed	Lone Parent
Sharon	Unemployed	Lone Parent
*Diana	Coach conductor	Labourer
Belinda.	Unemployed	Labourer
Marie	Unemployed	Lone Parent
Rachel	Factory worker	Labourer
* Indicates female occupation has higher occupational status than that of male co-habitee		

Table 2 (vi) Occupation

1 b ix) Occupational experience and social class

Analysing data which reflect women's experience inevitably throws up problems of the assessment of women's social class. Most indicators inadequately express women's tangential relationship with the labour market, for example Nissel (1980) has criticised the registrar general's classification

firstly for classifying families according to the occupation of the head of household, thus allocating women an unclassified status, devaluing their contribution, and implying that all family members share equally in the resources available to the head of household.

There are difficulties in assessing social class by traditional methods based upon the husband's occupation since such an analysis takes no account of women's real income and of stages in the family life cycle. The class and occupational status of women cannot be explained simply in terms of the male occupation as nominal head of household. The traditional classification based upon a hierarchy of male occupations fails to account for the experience of the unemployed and the inequalities in employment suffered by women. This is particularly relevant to single parents who have a relationship to the state rather than to the labour market. As Heath and Britten (1984) have shown, women's occupations are highly relevant in explaining aspects of their social experience and therefore need to be taken into account in assessing social status. In order to take into account both male and female occupational status women were classified using both their own and their husband's or partner's occupational status according to the G.H.S. socio-economic groupings of occupation. Where there was a difference in status when the female partner was in or was soon to return to employment, the class of the highest status partner was used. The class composition of the sample thus calculated is shown in Table 2(vii) below.

Social class by occupation	Total no. of mothers	Stable	Ex-care
1. Professional	5	5	0
2. Employers and managers	1	1	0
3. Intermediate and junior non-manual	5	5	0
4. Skilled manual	4	3	1
5 Semi-skilled manual	1	0	1
6 Unskilled manual	8	0	8

Table 2 (vii) Social class composition of the sample.

1 b x) Current Employment

As this was likely to be tied up with the age of the child, this was taken to mean working within the first year of the child's life and thus included mothers who had expressed firm intentions to return within the next few months. Twelve per cent of the sample had returned or intended to return to full-time work (compared with 9.7% in the U.K. population at large) and 44 % were in, or planned to return to some kind of part-time employment (compared to 2.6 % in the U.K. population, Office of Population Censuses and Surveys, 1984) (see table 2(viii)).

Part-time work was the preferred option (almost 50% of the entire sample) with a wide variation in the hours worked and the level of job commitment. Those who worked more than 10 hours but less than 30 hours were most satisfied with their level of commitment. Those who worked less than 10 hours were mostly satisfied with their level of paid work, but 3 expressed a wish to increase their hours within the next two years (allowing for other pregnancies).

There were marked differences between the two groups in terms of current status at work, attitude to work and their prospects of advancement. Eleven (73%) of the stable group were in non-manual occupations and were thus found in classes 1-3, while all the ex-care mothers were in manual classes 4-6, and 90 % were in the lowest economic category.

There appeared to be clear differences in work attitudes and intentions between the 2 groups. Eighty per cent of the ex-care group had no plans either to start or to return to work within the foreseeable future compared with only 20% of the stable group. These stable mothers all expected to return to some kind of paid work before their child reached school age. These differences can be explained either in terms of more 'traditional' attitudes among the ex-care mothers or as a function of the low occupational prospects of the group. Because of their lack of educational qualifications and training (see Section 1bxiii below)

the ex-care mothers would, for the most part expect to find themselves in low paid occupations and thus the cost of child care could be a prohibitive factor.

Participation in paid work	Number of mothers
Full time Work.	3 (stable)
Part Time (More than 10 hours)	4 (3 stable 1 ex-care)
Part time (Less than 10 hours)	7 (6 stable 1 ex- care)
Not employed.	11 (3 stable 8 ex-care)

Table 2 (viii) Mother's employment after the child's birth.

1 b xi) Financial status

As might be expected from the occupational data, the ex-care group had a significantly lower financial status than their stable counterparts. Eighty per cent were in receipt of state benefits and only 1 had a partner who earned a figure close to the average male wage. In contrast, only 2 of the stable group were in receipt of state benefits, and 1 other mother was part of a low income household (defined as a household with an income of 80% percent or less of average earnings) due to the family's dependence on her small part-time earnings. All the lone parents in the sample were in low income households. This was in keeping with the finding of the 1981 census that 90% of lone parent households had a household income which was less than 80% of average earnings (Social Trends, 1989).

1 b xii) Paid child care.

The most notable aspect of the mothers' choice of alternative child-care was the preponderance of unpaid over paid child care provision. Of the 14 mothers who were in paid employment, only the 3 mothers in full time work employed paid child care (child minders). The rest either worked hours when their husbands or partners were at home, or used relatives or friends who did not require payment (see table 2(viii)). These mothers tended to opt for part time hours which fitted in with their partners' existing work commitments. The cost

of childcare was the single most important contributory factor in this pattern and influenced the mothers' decision to opt for night or weekend work rather than office hours. Three mothers specifically mentioned lack of money for child care as a reason for not extending their paid work commitments and of those who did no paid work several mentioned that paid work would not make economic sense given the cost of childcare. Of these, all the full time workers and all but 1 of those who worked more than 10 hours came from the stable group. This may reflect both previous work experience and lack of child care opportunities, since the ex-care group had limited income and less support. The 1 mother from the ex-care group who worked was a childminder, working from home five mornings a week.

Type of alternative childcare	Mother's Work Commitments
Childminder	3 (Full Time)
Partner	6 (Part Time)
Neighbour / Friend	2
Child's Grandmother.	2
(In cases where more than one caretaker was used, the main childcare source is cited here)	

Table 2 (ix) Alternative child care provision

1 b xiii) Education

The ex-care mothers were disproportionately educationally disadvantaged. Ninety per cent of the ex-care group left school without any qualifications compared with 9.1% in the general U.K female population who left school in 1986 (Social Trends, 1989). Educational opportunity for the ex-care mothers had been severely limited by their disrupted early experience, and those who wished to make good the deficit in later life found the odds stacked against them. The ex-care group typically had a history of disrupted schooling exacerbated by their family problems. For 3 of the mothers early pregnancy contributed to their non-school attendance (1 mother had been expelled when she became pregnant).

Most had experienced more than 1 change of placement during their secondary school years and this in itself disrupted continuity and made truancy more likely. All had negative school experiences and only 1 had gained any qualifications, although 2 others expressed the wish to do so.

This is reflected in the qualifications attained by the 2 groups (see table 2 (x)). While only 1 of the ex-care mothers had any educational qualifications, 6 of the stable mothers had qualifications at or above A-level standard and 9 had been in professional or semi-professional occupations before the birth. However, while there was a slight over representation in the stable group of those who had had gained A-levels or above (33 % in the sample, as opposed to 19.9 % of women leaving school in 1986 in the general population), 13.3% of the sample had gained no qualifications as opposed to 9.1% in the general population (Social Trends, 1989).

Qualifications	Stable Mothers	Ex-care Mothers
Graduates.	4	0
A-level or equivalent.	1	0
5+ G.C.S.E.s or equivalent	5	0
0 - 5 G.C.S.E.s or equivalent	3	1
No qualifications, completed schooling.	2	1
No qualifications, disrupted schooling.	0	8

Table 2(x) Educational experience

2 Method

In the following section the initial stages of the research process are outlined, in which the research questions were formulated and the methodological strategies for the research were developed and refined.

2 a) The Pilot study.

Issues relating to approach and methodology were clarified in a small pilot study. Because of the difficulty in locating ex-care mothers, the 4 mothers with

children in the appropriate age band who were interviewed for the pilot study all came from stable backgrounds. The results were used to highlight central issues for the mothers, with a view to preparing an interview schedule designed to cover the experiences of both the stable and the ex-care mothers, particularly the areas of stress and conflict in their experience.

Although many of the issues were assumed to be relevant to *all* the mothers in the study, because the ex-care mothers were not interviewed in the pilot study it was necessary to draw on both the researcher's own experience of working with young women in care and on interviews with professionals involved in working with young women who were or who had recently been in care in order to identify key issues for this group. A small sample of professionals who had had considerable experience of working with first time mothers was interviewed in order to draw upon a range of professional views and to gain an overview of the professional perspective on the problems faced by all mothers but particularly those who had been in care. This was composed of health visitors working with mothers at the clinics where participants were to be recruited, and social workers from both fieldwork and residential settings. These interviews drew particular attention to the problems which professionals encountered in persuading mothers who had been in care to make use of the professional support available. They also gave an insight into the way in which parenthood was construed by health professionals primarily as a learning experience in which mothers needed to be taught the appropriate skills in order to parent successfully.

The pilot interviews with mothers emphasised the complexity of mothers' experiences and the impossibility of understanding that experience without reference to all the elements in their surrounding social and relational context. It also became apparent that the relationships surrounding mothers could not be *assumed* to be supportive, but could themselves be a major source of stress. Mothers described trying to cope with the demands of their role as wives as well

as their new role as mothers, and the difficulties they encountered in retaining any sense of personal autonomy.

The pilot work also served as a testing ground for the methodological approaches adopted. The interviews were reviewed firstly to see whether they were yielding the kind of data necessary to cover the concerns of the research, and also to look for ways in which the structure, format and approach of the study might be modified to meet those needs. The pilot study showed the necessity of making a clear, explicit statement of the aims of the research at the beginning of the interview over and above any written information that mothers might have received. For example, it was necessary to respond to one mother's need for assurance that she was coping in spite of her feelings of stress by making it clear that the research was not concerned with her coping ability but was based on the assumption that mothering is extremely difficult and potentially stressful and that all mothers need support.

The importance of looking at the ambiguity and conflict within accounts as part of their richness was established by the pilot work and it became clear that it was vital to use the researcher as an active participant in the interview situation, one who would intervene in order to facilitate disclosure and who would return again to points of conflict in the mothers' accounts. Such issues of stress and conflict can often offer insights into the way that mothers construe their role and the quality of their support relationships.

The pilot study also drew attention to the status of the interview as a relationship in which those who are interviewed take their cue from the perspective of the researcher, responding to their perception of the researcher's status and personality and of the aims of the research, and attempting to present what they believe to be an 'acceptable' view of events.

A number of researchers, (notably Burgess, 1982; Oakley, 1981b; Duelli Klein, 1983) have drawn attention to the way in which the relationship between the interviewer and the interviewee is defined by the context in which it occurs

and by the expectations of the participants in the research act. They have therefore questioned the claims of the social sciences to contribute objective knowledge independent of the research context and have argued that an awareness of the active role of the researcher should be built into methodological strategies. For example Mies (1983) argues for a research which does not claim to be value free, which admits a conscious partiality to women's interests, which is non-hierarchical and involves active rapport between researcher and subject.

One factor which might contribute to such rapport is self disclosure which many researchers have shown facilitates intimacy (e.g. Erhlich and Graven, 1971). The amount of personal information that one person is willing to disclose to another appears to be an index of closeness and trust and there is a tendency to disclose intimate information in proportion to the information shared with us by others (Jourard, 1971). However, the interview is essentially a formal hierarchical relationship between strangers who each bring to the research strong expectations and assumptions which will influence the type of information that they disclose.

This is a problem which is particularly marked in interviewing new mothers since, as Garfinkel (1967) has argued, mothering is an area in which the normal concern with impression management is particularly acute and the strength of the prescriptive definitions of motherhood that women have internalised are so strong that the task becomes that of enabling women to explore the full range of their experience. Because of this it is necessary to be aware of these expectations and the way in which social and ideological definitions may impinge upon the research process, and to build this awareness into the methodological strategies adopted. To do this it is necessary to make use of the personality and experience of the researcher.

Oakley (1981b), discussing the methodological problems highlighted in her research on motherhood, describes the impossibility of maintaining a value free non-interventionist stance in a situation where respondents are expected to talk

about their intimate experiences. She argues that interviewing necessarily involves a relationship, and that the researcher will have a role conferred upon her by respondents even if she does not explicitly adopt one. The assumptions which arise from the research act itself, particularly that the researcher will have a critical academic attitude to mothering, therefore need to be explicitly challenged.

These insights were borne out in the pilot study in which different styles of intervention appeared to produce different kinds of response. In general the more the interviewer shared her own concerns and treated the mothers as equal partners in the research the more diverse and insightful their replies became, as the following extract from one of the pilot interviews shows:

Wendy: "I didn't go screaming bananas so I suppose I could cope"

Researcher: "Well, people do cope but I'm going on the sort of basic premise that it's difficult and that you need support. Most people get support somehow, but I do feel that you need a lot of support. That's why I'm interested in where the support comes from."

Wendy: "I think that I felt that everyone else was coping better than me so I couldn't admit to not doing it."

In these exchanges both researcher and subject are operating in the midst of an ideological structure which dictates that the stress of parenting should be minimised and that conflict should not be overtly expressed. Therefore it is necessary to encourage mothers to talk about the negative aspects of their experience, and to allow them to express feelings of conflict and failure. After the interview, the 4 mothers in the pilot study were asked to comment on the interview style and all remarked that the way in which the researcher had shared her personal experience of stress had helped them to talk about the negative as well as the positive aspects of mothering. These comments allayed initial fears of the bias towards negativity introduced by such intervention. The women who took part in the pilot study emphasised that without the acknowledgement that mothering was likely to be stressful for *all* mothers they would have felt obliged

to present a positive view of their experience in order to present themselves as 'good' mothers.

The pilot study analysis also showed the importance of systematically extracting data concerning a number of key variables related to socio-economic status and major life events. The quality of the birth experience and major external stressors like marital disharmony, ill health and financial difficulties featured prominently in mothers' accounts of their experience of parenting (for example, 1 spouse had had an extra-marital affair and another had been involved in prolonged strike action during this period). These factors which created the social context of parenting were therefore important in determining its outcome. The physical work associated with childcare, coupled with domestic responsibility were also identified as major sources of stress, and the intimate support relationships which surrounded new mothers as vital areas of both stress *and* support. The relationship with the spouse emerged as the central support relationship and the one around which other relationships were organised. These issues, identified as central in the pilot study thus became the main foci for the larger study.

2 b) The main study

For the main study two main strategies were adopted. Interviews were used to cover the main social and relational context in which mothering occurred and the women's feelings about motherhood. This was combined with a time use diary approach in which mothers were asked to record the details of their working day, the tasks involved, and the way that responsibilities were allocated within the family and among mothers' social contacts. These two strategies were designed to complement one another and to ensure that mothers' accounts of their situation were firmly rooted in the social context in which they occurred.

2 b i) Interview style

The interview style used in this study was informed by feminist methodological approaches which have highlighted the effects of both the immediate and the ideological context in which the interview takes place and the insights gained from the pilot interviews (see section 2a). An active interviewer role was adopted in this study in which the interviewer shared her experiences of motherhood, thus enhancing the prospect of establishing trust and reciprocity. In the interview it was necessary to establish a shared perspective on the stress involved in parenting and the discrepancy between externally defined images of motherhood and the view from within. It was this shared perspective which allowed the interviewer and participant to explore the stress associated with mothering and the need for support

Claire: At this hospital where I went one of these talks it was about what happened when you got home.

There was this wonderful film of this mother making cookies in the kitchen while the child sat in the bouncy chair and she had an apron on, and high heels and make up. (Both laugh)

Mothers who found it difficult to acknowledge the negative aspects of their experience could be encouraged to do so by the researcher's own admissions of stress and feelings of failure. Similarly, the ex-care mothers could be given permission to discuss the negative aspects of their time in care by an acknowledgment that the researcher shared their knowledge of and concerns about the 'care system'. Thus, throughout the interview the assumptions of the research were made explicit, and the difficulties of the task of mothering and the necessity for support were acknowledged.

2 b ii) Data collection and interview procedure

Data were collected over a 4 month period between June and October 1989. Data were gathered using a combination of time-use diary and in-depth interview methods, thus covering both the allocation of tasks and mothers' perceptions of their experience. The interviews were semi-structured and designed to cover the social context of parenting together with the relationship

between experience and ideology in the context of mothers' intimate support relationships.

2 b iii) The interview as method

The interview method was chosen to allow for open-ended responses covering a range of situations over an extended time span. The depth of insight gained from this approach has advantages over more quantitative methods, and the self-report technique allows retrospective and prospective issues to be covered while remaining firmly grounded in the present. The ethnographic interview was chosen since it provides, "The opportunity for the researcher to probe deeply to uncover new clues, to open up new dimensions of a problem and to secure vivid, accurate inclusive accounts that are based on experience" (Burgess, 1982 p.107).

There were 2 interviews with each mother. The first interview was semi-structured in order to cover the main research aims but was also designed to be flexible enough to allow for the full exploration of issues and the revision of the approach throughout the research process. The second interview was more formally structured around issues raised by the time-use diaries which mothers had completed, and was also designed to pick up on issues raised in the first interview.

2 b iv) Structure of interviews.

Interviews covered health and socioeconomic data, the pregnancy and birth, and mothers' experiences up to the present time of interview over the first few months of mothering. At interview mothers were asked specific questions relating to the members of their social network and were also encouraged to talk about the meaning of their relationships and their perceptions of the kind of support available to them. Thus in the analysis it was possible to draw out not only the composition of the social network, but also the nature and the relative importance of each contribution.

In the course of the first interview, a number of specific areas were covered. These included:

a) The social and economic context at the time of the birth, covering maternal and child health factors including aspects of the birth experience, biographical details and social and economic factors relevant to the mothers' current situation.

b) Parenting tasks, comprising a discussion of child care as work and the division of labour within the household, including particular difficulties in child health and management (for example sleep disturbance, feeding difficulties, or ill health).

c) The meaning of motherhood. In this, the focus was on the way that mothers construed their experience, and the role which their intimate relationships played in adding to or alleviating the stress of parenthood. Particular attention was paid to areas of uncertainty or conflict where mothers appeared to be struggling to come to terms with the meaning of their experience.

These issues were not dealt with sequentially, but arose concurrently throughout the interview, and there was considerable overlap between categories (see Appendix (a) for the full interview schedule).

Mothers were not asked to talk about only the most stressful aspects of mothering. However, the stress of parenting was acknowledged by the researcher and mothers were invited to talk about their overall experiences as mothers *including* their stress so that all aspects of their experience were covered. They were also asked about the quality and nature of their close relationships which were seen to offer the potential for both stress and support, and were asked which people had been most helpful to them and in what way. In addition, the socio-economic, health and biographical data were used to assess the presence or absence of social stress (see appendices (a) and (b) for a more detailed breakdown of the way in which support issues were approached in the interviews).

Interviews took place in the mothers' homes, or in 2 cases in the researcher's home. In all cases the child was present for at least part of the interview. Two fathers were present for a part of the interview (this period did not exceed 15 minutes).

2 b v) Ethical questions

Participants were assured that the information they gave would be treated as confidential and would only be used for research purposes. They were also assured that their identity would be concealed throughout and would not be revealed either to personal or professional contacts. For this reason pseudonyms have been adopted throughout, and details which would identify the location of the study or of the clinic are omitted.

The emphasis on stress and the inclusion of mothers who had been in care and were currently in high stress situations raised ethical problems around the issue of working with vulnerable individuals. These problems had to be addressed through a marked degree of openness about the aims of the research, and particularly about the prospect of any immediate benefit accruing to participants of such research. The problems were also addressed by attempting to reduce the distance created between researcher and participant by the assumption that the researcher would be in possession of expert and privileged knowledge about motherhood. For the mothers, the interview was likely to be used as a means of checking the validity of their own perceptions and resolving questions about personal responsibility. It was necessary therefore for the researcher to explicitly distance herself from any claim to have exclusive knowledge about what constituted good motherhood or how it could be achieved, in order to ensure that mothers' existing stress and self doubt were not increased. It was also important to ensure that the information was given freely and that the mothers, particularly the most vulnerable mothers, were not pressurized into revealing intimate or painful aspects of their experience which they would later regret. Both at interview and in the analysis it was necessary

to try to represent the mother's perspective faithfully, rather than imposing the researcher's prior assumptions on the data. This faithful reflection of the women's experience was not unproblematic since there are points in the the analysis when the researcher is obliged to stand back and to interpret the mothers' experience and the way in which the their perspective is shaped by the social and ideological context in which it occurs. However, in interpreting the women's experience it was very important that the researcher acknowledged that she herself was subject to the same social and ideological constraints as the women she was interviewing.

2 b vi) The time-use diary.

The initial interview lasted between 1 and 2 hours and at the end of this participants were asked to complete a time-use diary covering a 24 -hour period on the day following the interview. This was done in order to gain access to data in a form that could be quantified in terms of work load and the quantity, type and extent of various sources of support, and which could be used in conjunction with the more qualitative interview data. In the diary, mothers were invited to record their own activity and the activity of those around them, paying particular attention to the allocation of workload and the level and type of assistance provided by members of the mother's support network (an example diary transcript appears in Chapter 3, section 1).

In analysing the diary data, each time period was weighted according to the level of responsibility which each partner carried for the child. In assessing the maternal and paternal contributions each full hour when either father or mother had exclusive care of the child was weighted as 1. Hours when care was shared with a partner on an equal basis were weighted at .5 of an hour each. Hours when either was helped by their partner but retained overall responsibility were weighted at .75 of an hour (their partner who had aided them but not taken responsibility would be awarded .25 of an hour). In this way it was possible to construct a realistic picture of mothers' work commitments and the support

available to them, which could be used in conjunction with their qualitative accounts of the support they received (the analysis of this diary data is discussed fully in Chapter 3).

A follow-up interview was carried out between 1 and 4 weeks after the initial interview and at this time mothers were invited to discuss the diary data in more detail and to clarify and expand on the way in which they elicited and received support and the changes in their relationships brought about by the child's birth. In completing the 24-hour diary mothers were asked to describe the duration and nature of all social contacts on the diary day. In the diaries mothers were asked to specify a) what they did on the diary day, b) who accompanied them, c) who helped or supported them, and d) to describe their feelings at that time. Mothers' diaries varied in the extent to which individuals explored their feelings but this aspect was taken up in the follow up interview at which mothers were asked to describe in more detail both the nature of the task and their feelings about the day.

3. Analysis.

The analysis looked at mothers' experience of stress and support, both in terms of social-structural factors and the construction and meaning of personal relationships. Since stress and support were seen as located in both social and relational variables it was necessary to draw out the social context in which parenting occurred, the physical resources available to mothers, and the quality and meaning of mothers' close relationships. The analysis thus proceeded on a number of levels, starting from a relatively simple view of social stress and support as external factors which may influence mothers' experience and moving on to an analysis which involved looking at mothers' internal perceptions of the meaning of stress and support. This internal view of mothers' experience involved an analysis of the way in which support was negotiated on an interpersonal level, and of the way in which stress and support are confounded

within mothers' experience. Finally, the analysis focused on a more critical understanding of the meaning of stress and support and the way in which these concepts are constructed in response to prevailing social and ideological discourses of maternal behaviour.

3 a) Motherhood in context

In the first instance a quantitative analysis of the demographic and social characteristics of the sample was carried out in order to place mothers' experiences in context and to assess the extent of the social-structural stress which they experienced. For example, demographic characteristics of the sample (age, marital status, class, ethnic origin and employment status) were examined in order to gain an understanding of the resources available to mothers and the stress which existed in their social situation. Two factors in the social context were assumed to be important in determining mothers' levels of stress and support. One related to mothers' total workload and level of responsibility, which in turn determined access to leisure and levels of fatigue. The second related to features of the socio-economic context in which mothering was carried out which determined mothers' access to both physical and emotional resources. This analysis is introduced below, and is developed in a more qualitative discussion of maternal stress in Chapter 3.

The interview data was thus first analysed by looking for quantifiable indications of social stress and support. Although some areas, for example income and marital status were covered by direct questions, some elements in the social context, for example the extent of housing stress emerged indirectly in response to questions about the general quality of the women's lives (see Appendix (a)). Mothers' work load was gauged by 2 methods; firstly by the diary analysis (which is more fully discussed in chapter 3), and secondly through an analysis of the interview data. The interview data were used as a way of expanding and clarifying issues raised in the diary.

In analysing the features associated with the experience of mothering a number of key areas were identified by a content analysis of the interview data. Mothers' references to specific stressors associated either with the parenting task itself or with the responsibilities which devolved upon them from a combination of paid work, domestic work and child care responsibilities could then be counted and compared. For example, in assessing the stressful features of the parenting task, all references to the parenting task were extracted and judged to be positive, neutral or stressful. These stressful features were then assigned broad categories, for example isolation or fatigue, and were given a weight according to the frequency with which they occurred. Because of the richness of the semi-structured interview data it was also possible to look more closely at the factors which contribute to the perception of aspects of mothers' work as stressful, for example fatigue could be seen to be connected with long hours and broken sleep.

A similar type of analysis was carried out to identify salient features in the parenting context which contributed to maternal stress. Four key factors: financial status, housing, health, and child management were identified from a content analysis of the interviews. Mothers' references to these areas were extracted and levels of stress assessed by the presence or absence of these factors.

These social factors and the mothers' perceptions of the stressful aspects of their experience could then be combined with the analysis of the diary data, which gave a quantifiable assessment of mothers' work and responsibilities within the family. In this initial analysis it was therefore possible to look at both the extent and the quality of the maternal task, and the features in the social context which added to the stress associated with the mothers' workload. Together these elements produced an initial assessment of the extent of maternal stress.

3 a i) Mothers' work

Mothers' experiences of stress due to their workload were assessed through:

a) a qualitative analysis of the parenting experience, drawing on mothers' accounts of the content and structure of their day. This allowed the identification of the nature of the stress associated with childcare and with mothers' other responsibilities and the contribution of the social and relational factors in the mothers' environment to the mother's overall workload, and

b) a quantitative analysis of the workload, and of mothers' access to leisure time using an analysis of the diary data. The diary data were also used to draw comparisons between subjective perceptions of stress and support expressed during the interview and more quantifiable data relating to workload and to task allocation. Particular attention was paid to the allocation of resources within the family in terms of time, economic resources and status. The analysis of motherhood as work is discussed more fully in Chapter 3. The social conditions surrounding the ex-care mothers are also discussed in more detail in Chapter 7, which draws on both quantitative and qualitative data.

3 b) Social network analysis.

An analysis of the content and function of mothers' social networks was carried out in order to assess the contribution of various elements within the network and to assess their relative importance. This covered a) the relationship with the spouse or sexual partner, b) extended family support, c) the friendship network and e) professional support. Relationships in each category were assessed according to the extent and type of support offered, and mothers' perception of their helpfulness. The analysis began by mapping quantifiable aspects of the mothers' social network.

Firstly a content analysis of the interviews was carried out in order to assess the nature and frequency of the mothers' social contacts, identifying the

potential for social support which existed in mothers' social networks. The analysis then moved on to examine the support provided by these relationships and to an assessment of the function and the meaning of these relationships.

References to types of social contacts were thus initially extracted and quantified through a content analysis of the interview data. This was followed by an analysis of the frequency and nature of these contacts, again by locating and quantifying mothers' references to particular relationships and particular social transactions from the interview transcripts. Mothers' perceptions of the stressful or supportive nature of these social transactions were at this stage assessed by analysing their responses to direct questions about which transactions and which relationships they found to be supportive. The nature of support transactions was derived from an analysis of the interview data and the diary data in which mothers discussed their relationships and their everyday tasks. Barrera's (1981) schedule of support functions was used as a way of categorizing support function. Mothers' accounts could then be collapsed into the following categories: material aid, physical assistance, intimate interaction, guidance, feedback and social participation. These could again be counted and an assessment made of the most frequently cited sources of support and the kinds of support behaviour which mothers' themselves described as supportive. Conflict within relationships was used as an additional indication of relational stress, and mothers' references to disagreements or to violence in relationships were located and counted. All these element could be combined to build up a more complex picture of the mothers' relational context. Both the diary and interview data were used in the analysis of mothers' social networks and the quality of the support which could be derived from those networks. These aspects of the analysis are discussed more fully in Chapter 4, which deals with mothers' support relationships and in Chapter 6, which deals with mothers' experience of professional support.

3 c) Index of stress and support factors

A stress / support index was constructed as a way of integrating the qualitative data arising from mothers' accounts of their personal experience with the more quantitative data arising from the analysis of the diary data and of the socio-economic variables relating to the context in which parenting was carried out. Stress was defined in terms of the presence or absence of specific factors covering; a) socio-economic status, b) health, c) work related factors, and d) relational factors.

Support was defined in terms of the presence or absence of elements in the social situation of the mother, covering 6 main areas; a) stable sexual relationship, b) maternal relationship, c) friendship network, d) professional support, e) extended family support and f) practical support.

High stress or high support was defined as the presence of 4 or more of these factors, moderate stress or support as the presence of 2 to 4 factors, and low stress or support as the presence of less than 2 factors. From this assessment mothers were assigned a score on the stress / support index which reflected the relationship between their experience of stress and support. The assessment again drew on a content analysis of the interview data in which the mothers' references to particular relationships and to the frequency of support interactions could be identified (the way in which these factors were assessed and how mothers were assigned to particular categories is described in detail in Appendix (b). The stress / support index is discussed in full in Chapter 4).

3 d) The Analysis of the accounts

In analysing the interview data, emphasis was placed on the role of accounts in presenting and making sense of experience (Gergen, 1984; Potter and Wetherell, 1987). In the accounts which they offer of their parenting experience, mothers are engaged in making sense of and reconstructing their experience in

the context of their personal relationships. It is necessary therefore to understand the function of accounts and their relationship to the social and emotional context in which they occur (Gergen, 1987).

Since mothering occurs within a structural and ideological context which defines the parameters of maternal experience, mothers' accounts of that experience need to be placed in their social and situational context, viewing them as both internally *and* externally derived in order to understand the range of influences upon the parenting experience (Nisbett & Wilson, 1977). It is for this reason that mothers' qualitative accounts of their experience are analysed in terms of the way in which mothers construe and construct their close personal relationships in the transition to parenthood, within the social and ideological context in which they occur.

In their accounts, mothers are engaged in making sense of this experience in the light of the lack of fit between their high expectations of parenthood and their experience of the work of child care which is often arduous and inadequately supported. In the analysis of these accounts it is possible to begin to unravel the way in which mothers make sense of their experience and reconcile these social and ideological contradictions (Billig *et al*, 1988). This analysis is developed in Chapter 5. In treating the interviews as accounts of parenting experience, mothers' accounts are treated as valid within their own terms, rather than assessing their accuracy as representations of internal dispositions (Wilkinson, 1981, 1986). The inherent contradictions within the accounts are therefore viewed as an inevitable consequence of the complex interaction between social and ideological influences on what are usually conceived of as private intimate relationships (Gergen and Gergen, 1987).

At this stage of the analysis it was important to look for the meaning embedded in the account rather than simply searching for quantifiable variables. Thus in the analysis of the accounts it was necessary to focus on the work which

the account was performing in constructing reality, and on what it revealed about the construction of motherhood and the meaning of stress and support.

At this stage the analysis picked up key areas which had previously been identified as external sources of stress and support and looked at the way in which mothers made sense of them in their accounts. Thus the analysis focused on identifying repertoires of meaning and recurring linguistic practices which revealed common patterns in the construction of meaning and suggested that mothers were responding to identifiable discourses of appropriate maternal behaviour. For example, mothers' frequent references to the idea of the 'good mother' prompted an analysis of the ideas which were generally associated with this. Other notions which arose frequently, such as guilt, responsibility and coping were also analysed not simply in terms of their prevalence but also in terms of the way in which they were integrated into the mothers' understanding of the maternal role. It was also possible to focus on key areas of social stress identified from the analysis of support networks and the mothers' tasks and to look at the way in which mothers came to terms with their experience of stress and their need for support in the context of the discourses available to them.

3 e) Professional relationships

This part of the analysis focused on the mothers' professional relationships throughout pregnancy, at the time of the child's birth and in the months following the birth. All the professional relationships cited in the course of the interview which were aimed at supporting mothers were included in the analysis. Thus the analysis covered relationships with health visitors, midwives, G.Ps, hospital doctors, probation officers and social workers.

The approach to the analysis of professional relationships combined a quantitative analysis of the nature and function of these relationships as perceived by the women with an analysis of the dominant discourses which underlie professional practice and which influence the effective support which can

be derived from professional intervention. These discourses were seen as arising both from dominant ideological constructions of appropriate maternal behaviour and from specific professional practices which have their roots in the historical construction of professional identities which delineate discrete areas of professional knowledge, and which define the parameters of social problems and the appropriate form of intervention (Hudson, 1983; Rustin, 1979; Dale and Foster, 1986). The main focus in this analysis was on the women's perceptions of the efficacy of the professional support they had received.

3 f) The experience of the ex-care mothers

Because of their marked disadvantages in current social conditions and levels of support, the 10 ex-care mothers were considered both in comparison to the stable group, and separately as a case study in parenting under conditions of disadvantage. Their lack of informal support networks led them to rely heavily upon professional support and for this reason special attention was given to the ex-care mothers' relationships with professional care givers and to the utility of various forms of intervention. Their situation is discussed in detail in Chapter 7.

The experiences of the 3 black women in the sample (all of whom had been in care) were not considered separately, but were included in the analysis of the ex-care mothers. This was in spite of the fact that the black women carried an additional burden of disadvantage in a white oriented society. There are a number of reasons why the experiences of black women are not considered separately in the current study. One reason is that the small numbers of black mothers in the study would make comparisons between white and black women who have been in care misleading. Secondly, the black women in the present study had been through a care system which had not yet questioned the cultural assumptions which underpinned it. They had therefore been reared in a predominantly white culture and had been subjected to socialisation into white cultural values. Because of this, the black women in the study are particularly

unlikely to fit either white or black cultural stereo-types and this fact makes generalizations about the effect of their racial origin problematic. For black women in care the problem is often that they are raised as white within white foster homes and residential establishments, but the world outside the care system treats them as black and discriminates against them on the basis of their colour. Because of this they do not fit easily into the white or the black world. Two of the 3 black women in the study were born to white mothers and the only social contacts they had were with white adult members of their family and with mixed race siblings.

Finally, although there is evidence that black women suffer disproportionately from social disadvantage, all the the women in the study suffered from such acute social and relational disadvantage that the conditions under which they came to parent appeared to be very similar for all mothers regardless of their racial origin. As Pheonix (1988) has argued, the experiences of black mothers who have grown up in Britain are defined not principally by their colour but by the socio-economic contexts within which they live. The black mothers are therefore considered for the most part as part of the ex-care group, although their particular positions as black women brought up in a white care system and the difficulties which arise from the cultural tensions in their upbringing are acknowledged and discussed.

The experiences of the ex-care mothers are discussed in Chapter 7 primarily in terms of their existing social context and their access to support. This chapter draws together findings from previous chapters and explores the way in which the ex-care mothers' social and relational circumstances contributed to their current stress and parenting outcome. However, mothers' accounts of their early experience were also analysed in order to look at the way in which mothers early experience affected their opportunities in later life. In addition, a content analysis of the interviews was carried out which focused on the way in which the

women came to terms with their early experience and with their current relationships.

The next chapter looks at the experience of mothering primarily in terms of the work and responsibilities which devolve upon mothers within a given social context. This is the starting point for the study because in order to understand the factors which influence mothers' experience of stress and support in parenting it is first necessary to locate the parenting experience within its social context, examining the way in which socio-economic factors and features of the parenting task may induce stress.

Chapter 3. Mothering in Context

“Perhaps the greatest social service that can be rendered by anybody to the country and to mankind is to bring up a family. But here again because there is nothing to sell there is a very general disposition to regard women's work as no work at all, and to take it as a matter of course that she should not be paid for it” B. Shaw (1928, p.59).

1 Introduction

In this chapter the focus is upon the social context in which mothering occurs and the effect that this context has upon mothers' experience. This is done in order to understand the pressures and constraints upon mothers in their daily lives and to provide a concrete framework within which mothers' perceptions of stress and support can be understood. The chapter thus draws on materialist analyses of women's experiences which emphasise the importance of the resources available to mothers and the social conditions in which mothering is carried out in determining the quality of mothers' experience.(Chavkin, 1978; Davies, 1978; Richman,1974; Richman et al, 1982; Sharpe, 1984) and the impossibility of divorcing the relationship between mother and child from social factors like class and race and gender. However, here both the institution of motherhood and the relationship between mother and child are seen as socially constituted and the social context in which mothering occurs is seen as likely to have real effects both on mothers' day to day experience and on the meanings they attribute to their close relationships.

In common with other feminist materialist analyses of childcare and domestic work (Oakley, 1974a; Graham, 1984; Mainwardi, 1968) in this chapter, mothering is treated as a task which can only be undertaken successfully if mothers have sufficient access to economic and physical resources, and which therefore needs to be understood in the context of mothers' other

responsibilities. In this chapter the emphasis is on the physical resources available to mothers, since a mother's ability to parent successfully is likely to be determined by her access to the social, economic and relational resources necessary for adequate parenting (Kriesberg, 1970; Land, 1983; Oakley, 1979; 1980). This is done firstly through an examination of the mothers' workload and responsibilities and secondly by an examination of the socio-economic factors which impinge upon the parenting experience. Here the resources available to mothers are treated as external factors which will create the context in which mothers make sense of their experience of stress and support. Thus the chapter draws heavily upon the diary data in examining the features of mothers' day to day experiences, and the extent and nature of their domestic, paid work and childcare responsibilities, and on an analysis of the demographic features of the interview data. This part of the analysis is intended to lay the groundwork for later chapters which examine the interaction between the social context and mothers' perceptions of stress and support particularly the way in which they come to terms with the stresses associated with their childcare domestic and paid work responsibilities in the context of their close relationships.

1a) Mothers' Work

The work associated with mothering needs to be understood as a reflection of the cultural and gender role expectations which surround mothers and which define women's role within the family, rather than simply as a response to the needs of the child. It is because the experience of parenting cannot be divorced from the responsibilities which devolve upon women and the conditions under which that work is undertaken that this chapter focuses upon mothers' work as a major source of maternal stress. Mothers' work is made up of the work associated with childcare, with domestic labour and with paid work responsibilities. It is important that these factors are considered together, since it is impossible to understand mothers' stress without looking at all the

demands which are made upon their time and energy, and the relationship between these and the social and economic support available to them.

A number of authors have focused upon the mothers' work and on the way in which women are given primary responsibility in the domestic sphere, seeing this as a major source of stress which may contribute to mothers' feelings of depression and low self esteem (Oakley, 1974; Graham, 1984). Mainwardi (1968) has argued that the way in which the work of caring is disproportionately allocated to women, and the 'double shift' that women are forced to work increases parenting stress since women are unable to relinquish their domestic and child care responsibilities when they take on paid employment. Sharpe (1976) has outlined the way in which mothers' lack of access to personal leisure contributes to their psychological ill-health, while Graham (1984) has noted the adverse effect of both limited economic and leisure resources on mother's physical and mental health. Similarly, Brown and Harris (1978) have linked the incidence of depression in mothers to the social isolation in which mothering is carried out, particularly for mothers who have neither access to social contacts through paid work outside the home, nor a close and confiding relationship with their spouse. Nicolson (1986) has argued that mothers' chronic *depression* can be seen as evidence of women's chronic *oppression*, and that childbirth amplifies existing oppressive circumstances and relationships. Depression following childbirth is therefore seen as an understandable response in women to the changes which their role of mother brings, to the loss of status and personal autonomy, to the stress of childcare as work, and to the social isolation in which mothering is practised. It has also been suggested that violence towards children is at least in part attributable to the stress associated with the maternal role (Creighton, 1985; Renvoise, 1978).

A number of researchers have also identified specific features of the parenting task and of women's domestic labour which distinguish it from paid work and which increase stress. Both child care and domestic work are often

characterised by long hours of unremitting low status toil consisting of, "The wearing routine servicing of basic functions with no prospect of any diminution of the work involved" (Baldwin and Glendinning.1983). The work of parenting demands constant flexibility on the part of the carer who must constantly adapt herself to the needs of the other. Such demands make it impossible for the woman to impose her own structure on her working day, or to rely on periods of uninterrupted sleep or leisure, and this contributes to feelings of fatigue and depression. As Maslach and Pines (1977) and Maslach (1976) have noted, those who work in situations from which they cannot voluntarily withdraw, or take time out as and when it is needed may become overwhelmed by the task and so become unable to cope. La Rossa and La Rossa (1981) argue that this inability to withdraw from the task or to rely on fixed leisure periods is a dominant feature of the parenting experience when one parent is cast in the role of primary caretaker, particularly when they are forced to spend prolonged periods alone without hope of relief.

An understanding of the way in which resources are allocated within the family is crucial to the analysis of the experience of maternal stress. Feminist analyses of the family suggest that the woman's perspective has been systematically obscured by the uncritical assumption that there is a single family identity and that what benefits one member of the family must necessarily be of equal benefit to all family members (Bernard,1972, 1975). As Pahl (1980) observes, custom accords certain privileges to the male bread winner, among them a right to make decisions about what is fair and equitable in the distribution of resources. The dual roles which mothers are expected to fulfil, their isolation, their lack of status and control over resources within the family, all contribute to maternal stress. In 2 parent families, the birth of the first child typically brings about a drop in income and a reappraisal of priorities, in which women must negotiate from a newly allocated position of weakness. The work of mothering

therefore needs to be understood in the context of the competition between partners for access to scarce resources of time, status and leisure.

In spite of the fact that there have been a number of studies which suggest that a more equal division of labour is emerging in families with more overlap between gender roles particularly in parenting (Lamb, 1976; Russel, 1978), time-use studies which assess the relative allocation of work and leisure between the sexes within marriage and parenting have generally found that there have been only marginal increases in husbands' participation in child care and domestic work overall in recent years (Pleck, 1982 ; 1985). The daily paternal commitment to both housework and childcare remains small compared with maternal involvement, and women continue to retain overall responsibility even when both partners work outside the home (Lewis, 1986).

The social and ideological construction of the motherhood compounds maternal stress both by underestimating the work that mothering involves, emphasising instead its social and emotional aspects, and also by assigning women primary responsibility for parenting (Vanek, 1974,1984). The work of childcare is in itself arduous, but when this work is compounded by an ideology which assigns the task primarily and solely to women , it inevitably leads to role overload particularly, as Holmstrom (1972) and Rapoport and Rapoport (1976) have shown, for those in dual earner families.

2.The experience of mothering

2 a) Interview analysis

The interviews were primarily designed to look at the role which stress and the need for support played in mothers' experience. Therefore, mothers were specifically asked about the stress of parenting and this was implicitly acknowledged to be an integral part of the maternal experience. This was necessary in order to overcome the tendency of mothers to present a view of

motherhood *solely* in terms of personal fulfilment in response to questions about their experience as mothers and to enable the researcher to explore the causes and consequences of maternal stress.

Therefore the focus was not primarily on motherhood as a relationship but on the resources available to women and the way in which the availability of these resources impinged upon the relationship between mother and child. When asked to explore their experience in terms of stress and support the mothers revealed how closely the work of parenting and the relationship between mother and child are entwined.

This approach necessarily produced a more negative view of mothers' experiences than studies which focus on motherhood primarily as a relationship between mother and child. However, mothers in the present study also emphasised the importance of their relationship with their child and the deep meaning that this had for them. Much of their distress arose from their inability to reconcile the external demands made upon their time and energy with their deep personal commitment to their child. The experience of motherhood was not presented in wholly positive or negative terms. Instead it was commonly characterized as a positive *relationship* which could be damaged by external factors which prevented mothers from achieving the relationship's full potential.

In common with women in other account based studies (Chavkin, 1978; Davies, 1978; Sharpe, 1984) the women in the present study emphasised the work associated with the parenting task as a major source of stress. The long hours which were often spent alone with the child and the consequent tiredness were the most frequently cited stressful features of the parenting experience (22 mothers). This was closely followed by references to broken nights and lack of sleep (19 mothers). These twin problems contributed to mothers' feelings of stress, irritability, and difficulties in 'coping'.

Claire (stable): "I used to walk down the road and look at people and wonder if they had slept."

Kathy (stable): "The problem was really the tiredness I just wasn't getting the sleep and with having to get up for work I was finding I couldn't cope, I wasn't getting the sleep I needed and I couldn't see any way out."

Kim (stable): "One night he went on for about 4 hours and I just had to come in to the kitchen, and I chucked a coke can at the wall, just getting the aggression out of me, you know."

Eighteen mothers (11 stable and 7 ex-care) also described the way in which their responsibilities as parents had restricted their social life. This was most often caused by the difficulty of obtaining good quality, affordable alternative care. In an attempt to overcome this problem many mothers tried to re-organise their social lives around the home, or to take their child with them when they went out. This solution proved problematic. Mothers commented on the difficulty of taking a child with them on even the simplest expeditions,

Anne (stable): "He won't stay in the push chair, he wants to get out and walk and he can't go far. So we manage to get a paper and that's it. I end up carrying him half the way. That's as far as we can manage. It's too far for him to walk both ways. He has to be carried back. It takes so long. We have to watch every car that goes past, and every bicycle, and all the dogs and the cats."

The nature of the work itself and mothers' inability to control their working environment was another major source of stress. Seventeen mothers found both the unrelenting nature of the task and the unpredictability of their work and leisure time to be problematic. In order to meet their child's needs mothers were forced to subordinate their own needs and responses and to organise their lives around their child.

Jane (stable): "At work I could at least try to arrange my day, whereas with Lucy she has her day the way she wants it."

Paula (stable): "It's continuous, you are required to work hard and it might be completely the wrong time."

Eve (stable): "The day changes and just having to accommodate him physically, also kind of mentally as well, and this person is like your total responsibility."

Deirdre (stable): "When you are on call all the time it is hard work. It's the unrelentingness of the thing that makes it more wearing than maybe an 8 hour day where you can see an end to it."

As a consequence of giving priority to the needs of the child, mothers' personal time was constantly eroded (14 mothers said they found the lack of personal time to be a problem).

Anne (stable): "All the things I used to do. I mean I can remember when I used to spend half an hour, three quarters of an hour in the bath. I have a shower now for quickness."

Mothers were more reluctant to discuss the negative aspects of child care itself, since this carried with it the imputation that they did not enjoy their relationship with their child. For example, only a small number of mothers commented on the boring, repetitive nature of the task of caring for a young baby.

Paulette (ex-care): "I plan my days. I could tell you what I'm going to do tomorrow. I'll get up. Lucy will bring Cherie round, I might go into town. Sit outside. My life is boring. I'm bored."

Deirdre (stable): "It doesn't feel like hard work. It feels like long and boring work."

In this many of the mothers appeared to be responding to cultural norms which demand that motherhood should be seen as totally rewarding and which treats any disclosure of negative feelings as evidence of parental failure .

Eve (stable): "People have this kind of, 'Oh My God she's not coping, she's a bad mother' the moment you say something negative. I thought that a little bit when Leo was a few months old. The woman friends, if I said anything negative about him, 'Oh he's worn me out you know, I'm at the end of my tether', and you know 'little bugger', and it was all done very affectionately, but there would just be this kind of awkward silence, 'Oh God, she's made a mistake, she shouldn't have had a baby'."

Stress Factors	Number of Mothers Citing each Stress Factor		
	Stable	Ex-care	Total
Long hours / tiredness.	14	8	22
Lack of sleep.	14	5	19
Restrictions on social Life	11	7	18
Inability to control working environment	11	6	17
No time to self	12	2	14
Boredom	3	4	7

Table 3 (i) Mothers' perceptions of stress in parenting.

All the mothers interviewed reported experiencing some stress in association with parenting. Those who experienced acute stress were aware of the damage this was doing to their relationship with their child. Their most common fear was that this would result in them injuring their child.

Judi (stable): "Sometimes I could throw him out the window. I'd never hurt him for no-body. If anyone touched him I'd kill em. When he's on a bad day teething or something."

Kathy (stable): "One or two times when you are holding them and they are crying its so tempting to just squeeze that bit too hard. And to think that pillows just handy, and you have to put him down and walk away, and that frightened me."

Diana (ex-care) : "And I've just got to put him in the bedroom and leave him there, because if I don't I know I'll.....Because I've got a very bad temper now. All that's happened in my life I want to lash out."

Mothers under less acute stress still felt periodically unable to cope with their child's unceasing demands.

Mary (stable): "I just felt I couldn't cope, and I wanted to just give her away to someone. It was almost like hatred for her, I just wanted to distance from her."

These accounts of the severity of parenting stress coincide with those cited by Graham and Mckee (1980) Renvoise (1978) and Wearing (1984) who have suggested that the conditions in which mothering is undertaken place many mothers in danger of physically abusing their children. Wearing (1984) reported that 62% of her sample of relatively affluent, stable women came close to child abuse, and questions the notion of child abuse as abnormal behaviour. Similarly, Renvoise (1978) and Graham and Mckee (1980), drawing on a sample of 'normal' non battering parents found that feelings of aggression and anger were common experiences when dealing with infants and were related to the stress which existed in the social context as well as to the child's behaviour. The accounts which the mothers gave of their experience of stress in parenting draw attention to the way in which features of the parenting task and the conditions under which parenting is carried out contribute to maternal stress. In addition to this it is important to understand the extent of the maternal workload, the support

available to mothers, and the limits placed on their access to sleep and leisure. It is for this reason that we turn now to the diary data.

2 b)The diary analysis

The diary analysis for the present study uses a similar approach to that of Berk and Berk (1979) and Robinson (1977) who used diaries to analyse women's days both by the nature and timing of the activity and by the allocation and distribution of tasks. The analysis of such data can contribute to an understanding of the extent and relative allocation of the work involved in the task of parenting. The analysis also draws on the approach used in La Rossa and La Rossa's (1981) study in which parenting is treated as a 'continuous coverage system' since it requires a constant adult commitment and availability over the 24-hour period. The activities of both parents and significant others are analysed over a 24 hour period, with particular emphasis on the level of responsibility which partners carry and the process through which parental roles and access to leisure time are negotiated. Participants were invited to complete a 24-hour diary in which they recorded a) the nature of the child-care task, and b) the level of support available within their social network (see Figure 3.1)

While mothers' individual work loads can be calculated simply in terms of the extent of their involvement in paid, domestic or childcare work, the analysis of shared time is more problematic. The work of parenting is intimately bound up with the relationships surrounding the carer and therefore a simple definition of any time spent together as shared care cannot hope to take account of the different allocation of power and responsibility within the family. A more exact definition is needed which adequately defines the level of responsibility and work assigned to each participant within the interaction.

Example Diary. (Jane, Stable Group)

3.45 am Baby woke up when dummy fell out. Always does this when teething, don't know why. Popped it back in went back to sleep.

4.30 am Baby woke again . Left it for a bit hoping she'd settle but didn't.

Husband didn't stir. Put dummy in and went back to sleep.

5 am Baby woke for feed. Fed her and went back to sleep. Alone 3.45-4, 4.30-5.30

7.30 Baby decided she wanted to get up. Husband's turn. He got dressed and rescued baby from her cot changed her nappy. Both came and woke me up. I got dressed while they played down stairs. Husband had breakfast. I fed baby and cats. Then I finally got my breakfast. 7.30-8 on call 8-8.30 Accompanied care

8.30 John went to work on his bike so that we could have the car. Charlotte needed dressing and washing. Baby a bit grumpy because of her teeth and a cold but not too bad Put her in her baby bouncer while I read the mail. Baby decided she wanted a nap and went back up to bed. Gave me a chance to wash up and tidy up though it never looks any better.

9.30 Got the sewing machine out to make a cot bumper for baby. Had put it off for ages. Sewing machine woke Charlotte up and she also wanted a bottle. Fed her and then she wanted to play.

10.30 Took baby outside as she was getting fed up with playing indoors. Had a chat with the neighbours and baby smiled and giggled which pleased them.

Sally, a friend from work called and had coffee. She had a cuddle with Charlotte and then she got grumpy and I put her upstairs for a nap. 8.30-11.30 Alone

11.30-12.30 On call

12.30. Sally left and while baby was asleep I washed and sterilised her bottles and grabbed some lunch. Prepared baby's lunch bottles. 12.30-1.30 on call.

1.30 Baby woke so she had lunch watching 'Neighbours'. Going to a birthday party this afternoon - another change of clothes and dress. Baby had a good lunch so should be happy all afternoon. 1.30-2.30 Alone

2.30-5.00 Lovely birthday party. Charlotte not the youngest for a change. Baby loves being with other toddlers and happy to play on the floor while I have a chat and some coffee. Doesn't mind being picked up by other adults so a nice break for me. Baby decided she liked sandwiches so kept an eye on her as she tucked in! By 4.30 she was ready for a nap and fell asleep on my shoulder without too many tears. Drove home and put her in her cot. I enjoyed the party as much as Charlotte as a chance to chat to other Mums who have been through it all before!

2.30-5.30 aided

5.30. Decided not to start supper as I cooked last night so perhaps John will volunteer tonight. Charlotte having a nap after all the excitement of the party. John arrived home and we both had a cup of tea and a chat. John's sister rang to say could she bring her daughter round to see Charlotte- Baby just woken from nap, so thought it would be a good idea 5.30-6.30 on call

6.30 Theresa and Faye arrived as Charlotte was having her supper . Baby loves being the centre of attention so having visitors made eating extra enjoyable and easier for me - John meanwhile made coffee and supper. Faye wanted to see Charlotte have a bath so we took her upstairs and bathed her and dressed her for bed. Theresa and Faye then went home.

7.30 As Charlotte was still awake we decided to eat . She looked fairly happy so we thought it was safe to start and probably finish without any interruption. Just as we'd finished Charlotte decided it was bed time so she had a bottle and went straight to sleep. John took her to bed as he's better at settling her than me 6.30-8.00 accompanied care.

8.30. We settled down for the evening. Watched T.V, spoke to my parents on the phone and went to bed about 10.30 after I'd made the bottles. The washing up was left till the morning as the evening is the only time we sit down together 8.30-10.on call 10-10.30 accompanied care.

Figure 3.1 Diary Extract.(including categories used in analysis)

In this study the diary analysis is used in conjunction with the follow-up interview data in order to tie open ended data to more quantifiable data concerning the allocation of work. This is an attempt to combine the strengths of process oriented studies, which focus on the way in which relationships change and couples negotiate access to leisure time (Entwisle and Doering, 1980; La Rossa and La Rossa, 1981) with time-use studies which look at the use and allocation of work and leisure (Berk and Berk, 1979; Pleck, 1976). The problem of the nature of the task and the level of responsibility assumed is addressed by defining levels of involvement according to the mothers' perspective of the allocation of responsibility and by looking at the spread of mothers' child-care, paid work and domestic responsibilities over a 24-hour period.

2 bi) Definitions Of Time Use

From the interviews there emerged categories of time which were differently valued by mothers, each reflecting a progressive level of 'cost' in terms of loss of leisure time and of personal autonomy, and the degree of concentration and involvement needed.

Most valued by mothers was time in which the mother was free to carry out her own leisure pursuits totally unburdened by childcare (categorised as 'Free'). Mothers who were in paid employment also placed a high value on their work as an escape from child care and an opportunity to regain some independence, and a measure of self fulfilment, provided their paid work demands were not too great. (categorised as 'Paid') When they were engaged in childcare, mothers next most valued those times during the day when the child was asleep or was cared for by another ('On call'). Although they were not free to leave the child and could be called in in a crisis, they had a certain amount of freedom to pursue their leisure interests, to sleep, or to catch up on domestic chores. These 'on call' periods, when the child was either asleep or was cared for by another were in turn rated more highly than times when tasks were shared ('Shared'). Shared care was defined as times when there were two people present who were jointly and equally involved and responsible (in most cases the shared period involved the mother and the spouse or sexual partner). Less valued were times when support was intermittent, and the mother clearly retained overall responsibility, doing around 75 % of the work ('Aided').ⁱⁱ

Periods in which the mother is not alone and solely responsible for the child but where the contribution to the parenting workload itself is minimal or non-

ii) There was no occasion when fathers did 75% of the work and mothers 25 %. This is likely to be a reflection of the fact that when parents spent time together, mothers accepted primary responsibility.

existent are categorised as Accompanied. Although mothers value the moral and emotional support they may get from the presence of friends or sexual partners these were valued less highly than shared or aided care. Least valued in terms of access to leisure time are times which mothers spend alone and unaided with a wakeful child (Alone).

The evidence from both diaries and interviews suggests that mothers accept primary responsibility for child care. The interview data showed that even in the 'shared' situation mothers see themselves as ultimately responsible for parenting, and confer upon the other only the status of 'helper'.

Jane (stable): "I knew he was helping but it felt like it was ultimately my responsibility to look after her"

Results from other time-use studies (Berk and Berk, 1979; Robinson, 1977; Walker and Woods, 1976) also show that women retain primary responsibility for household tasks, and that their employment status has a marginal effect on their partner's participation. This acceptance of parenting as primarily the woman's responsibility makes it difficult for mothers to claim parity with their partners in their access to leisure resources (Brannen and Moss, 1991).

2 bii) Mothers' working day

The mother's working day is made up of two fairly distinct parts; 1) Work done during the child's waking day which can be divided between paid, domestic and child care work, and 2) Work outside the child's waking day, which is predominantly domestic.

Work During the Child's Waking day

As table 3 (ii) column I below shows, babies' days ranged from 11.5 to 17.5 hours. Seven mothers had babies with days in excess of 15 hours. These mothers did not appear to regard the length of their babies day as excessive. Only 1 mother whose child had a 17.5 hour day defined her child as currently having a severe sleep problem. Within these waking days all the babies napped at some time. Babies slept anything from half an hour to 2 hours. One to 2 hours in the afternoon was the most common nap pattern (12 babies). One mother

reported her child as sleeping 5 hours during the day, and sleeping erratically at night (this was a baby of a few weeks old, considerably younger than the rest of the sample, and the 'day as night' pattern is one which is not unusual for children in the early weeks, Kirkland, 1985). Another mother reported a 3 hour nap (her child started his night time sleep at midnight). Both children had waking days in excess of 14 hours.

There appeared to be no marked differences between the sleep patterns of the stable and the ex-care babies (table 3 (ii) column 1. Stable babies' days were on average 14.2 hours long and ex-care babies' days were 13.5 hours long (including day time naps). There was little evidence of greater disorganisation in the routine of the 'ex-care' babies. Fifty percent of the ex-care babies had bed times after 10 p.m, compared with 33 % of the stable babies. This seemed to be as much to do with the child's age, preferences and sleeping difficulties as to the mothers' lack of organisation. As table 3(ii) below illustrates, both the child's waking day and the mother's waking day were related to the child's age. Babies of 6 months or less had longer waking days than children over 6 months at interview (possibly due to erratic sleep patterns). The average waking day for babies 6 months or younger was 15.4 hours compared with 13.8 hours for children over 6 months. Mothers with younger babies were awake on average 16.75 hours on the diary day, while those with babies over 6 months were awake 16.1 hours. Mothers' sleep patterns were thus related to the child's age.

Mothers	Child's day in hours	Child's age in months	Mothers' day in hours
Stable Mothers	mean = 14.2		
Eve	14.	13	19
Denise	11.5	11	16
Jane	15	10	17
Kathy	15	8	18
Claire	13.5	12	16
Paula	15.5	3	16
Mary	14	14	15
Tess	15	5	16
Ann	13.5	13	16.5
Kim	17.5	10	17.5
Judi	13.5	14	16
Deirdre	13	13	15
Marian	13	6	18
Gwen	15.5	6	18
Fiona	13.5	8	16
Ex-care mothers	mean=13.5		
Cherie	15.5	2	19
Martina	11.5	11	15
Paulette	13	23	15
Angela.	16.5	30	16.5
Tracey	13	8	16.5
Sharon	14	8	17
Di	13	12	16
Belinda	12	8	16
Marie	13	13	14
Rachel	13.5	4	13.5

Table 3 (ii) The waking day of mothers and children (in hours)

2 biii) Mothers' work commitments

Child's waking day		Additional hours	Total hours worked
Stable mothers			
Eve	11.5	3.5	15
Denise	11	2	13
Jane	13.5	2	15.5
Kathy	15	1.5	16.5
Claire	11	2	13
Paula	13	0	13
Mary	13	0	13
Tess	15.5	0.5	16
Ann	12	3	15
Kim	16	0	16
Judi	11.5	2	13.5
Deirdre	13	1	14
Marian	11	0	11
Gwen	15	1.5	16.5
Fiona	10.5	1.5	12
<u>Mean = 12.83</u>			<u>Mean = 14.2</u>
Ex-care mothers			
Cherie	14.5	3	17.5
Martina	11.5	0	11.5
Paulette	13	0	13
Angela	14.5	0	14.5
Tracey	11	0	11 *
Sharon	13	0	13
Diana	11	0	11
Belinda	10	0	10 *
Marie	13	0	13
Rachel	11	0	11
<u>Mean = 12.25</u>			<u>Mean = 12.55</u>

Total group mean 13.66

Table 3 (iii) Mothers' work commitments. *=estimated hours.

Mothers' work commitments are calculated by taking the child's waking day, subtracting any leisure (usually during the child's nap or during childcare from other sources) and adding on any domestic work performed while the child is asleep. The child's day is taken to be the time from morning waking until bedtime, and thus includes day time naps because their unpredictability make them hard to assess accurately. Thus Eve (stable) has a child's waking day of 14 hours minus 2 hours nap time which is used for leisure, minus .5 of an hour's

spouse's exclusive care, plus 3.5 hours additional domestic work (in this case in the morning before the child wakes) giving her a total work commitment of 15.5 hours. Table 3 (iii) gives the figures for the entire group calculated in this way. Where there are omissions in the diary data, a mother's work commitments are calculated on the child's reported average waking day and the normal day time sleep. In the absence of evidence to the contrary, additional domestic work hours are omitted and the nap time is assumed to be leisure time. The figures may thus slightly underestimate the hours worked. Using these methods of calculation mothers' work commitments range from 10 to 17.5 hours a day. The lowest figure is in fact an estimated one in which no assumptions could be made about additional work load. In all, 6 mothers had working days of between 10 and 12 hours. Five of these came from the ex-care group.

While mothers' working days were universally long, there were some differences in the mean working hours of the stable and the ex-care mothers although, because of the small sample size, it was impossible to tell whether these differences were significant. Stable mothers worked on average 14.2 hours, and ex-care mothers 12.5 hours. This was a somewhat surprising result since many of the ex-care mothers were lone parents and appeared to have fewer social contacts and were less likely to be in stable co-habitations. These differences might be explained by the shorter waking days of the ex-care babies and the lower paid work commitments of the ex-care mothers. The relationship between the hours mothers work and the kinds of support they receive is unclear..It might be that while the stable mothers appeared to work longer hours they had more emotional support than the ex-care mothers. The question of how mothers perceive this less tangible support is one which is explored in later chapters, however this apparent lack of practical support for women in stable co-habitations does suggest that it is necessary to view support as a concept which is closely entwined with the meaning that mothers attach to their personal relationships. Some of the differences in the mothers' working days also

appeared to be related to the age of the child. Women with children of 6 months or less worked slightly longer hours than women with older children. Women with children of more than 6 months worked on average 13.6 hours while those with younger children worked on average 14.1 hours. This was partly a reflection of the fact that younger babies slept less than older children. However, not all the variance in mothers' working days can be explained in this way since factors like paid work and women's domestic responsibilities also influenced their workload.

2 biv) Isolation

There are wide variations in the time that mothers spent alone (see Table 3 (iv)). Some of this is accounted for by variations in working patterns. For example, no mother who worked full time was alone with the child for more than 5 hours in the day. There were also marked differences between the patterns of those who lived alone and those who co-habited. All 6 mothers who lived alone with their babies reported that they normally spent 8-14 hours alone with their babies, although 3 spent considerably less time alone on the diary day. Lone mothers spent an average of 10.33 hours alone as opposed to the co-habiting average of 5.84 hours. One mother spent 14 hours alone and saw no-one apart from her child in the course of her day. This had become normal for her since her one reliable companion, her mother, had become ill. Eight co-habiting mothers (5 stable, 3 ex-care) habitually spent more than 7 hours a day alone on weekdays. Mothers spent most time alone when their spouses were at work. Evening hours were generally spent with partners, although most partners appear to have at least 1 regular weekday night out while the mother stayed at home. The 4 mothers who had partners who did not work outside the home still spent between 3 and 5 hours alone on the diary day. Similarly, the 2 mothers who worked full time on the diary day spent between 3 and 5 hours alone. This suggests that isolation is not confined to the non-working mother or the lone parent, but that these situations exacerbate an underlying tendency for mothers

to shoulder parental responsibility, often while their partners pursue other interests outside the home. Although time spent alone is not necessarily the most stressful (many mothers, for example, describe early mornings and evening meal times as being fraught with difficulty) long stretches of time alone with no assistance and no adult company do take their toll. For the 3 (single) ex-care mothers who spent their leisure time at home alone this represented their usual evening activity.

Mothers	Hours alone during child's waking day.	Hours alone during evening	Total hours alone
Stable mothers			
Eve	4	0	4
Denise	9	0	9
Jane	6	0	6
Kathy	2.5	2	4.5
Claire	7.5	0	7.5
Paula	5.5	0	5.5
Mary	0	2	*2 (Normally 8)
Tess	3.5	0	3.5
Ann	4.4	2	6.5
Kim*	10	0	10
Judi	9.5	0	9.5
Deirdre	9	1	10
Marian	7.5	0	7.5
Gwen	3.5	0	3.5
Fiona	5.5	0	5.5
Ex-care mothers			
Cherie	4.5	0	4.5
Martina	3	0	3
Paulette*	9	2	11
Angela	2	0	*2 (Normally 8)
Tracey*	0	0	*0 (Normally 8)
Sharon*	8	3	11
Di	8.5	0	8.5
Belinda *	2	0	*2 (Normally 8)
Marie*	13	1	14
Rachel	0	0	0 (Normally 9)
*Lives alone			*weekend /vac

Table 3(iv) Time spent alone during child's waking day

The quality of the ex-care mothers' social life appears to be particularly poor. Those with spouses or boyfriends (5 mothers) have some company in the evening, but all reported that they rarely went out without their children. In spite of this, isolation was seldom cited as a problem by stable mothers (the most commonly cited problems were fatigue, and overwork). Three ex-care mothers found isolation and loneliness a problem. Two were housed in remote villages with limited access to shops or public transport, and the third felt isolated in a busy housing association complex where she felt set apart from the others.

2 b v) Sleep

The fatigue that was almost universally reported appeared to be due to a combination of broken sleep and long hours of work, rather than to absolute sleep deprivation. As Table 3(v) below shows Only 5 mothers got less than 7 hours sleep. One of these was the mother of a very young baby. Two of the mothers who had less than 7 hours sleep also had full time paid employment and 1 worked 2 nights each week. For the most part mothers' sleep seemed adequate but for many it was broken, and it was thus hard to assess how well mothers slept before and after they had been called upon to get up to a crying baby. It may also be that those working in excess of 12 hours a day may need more than seven hours sleep.

Mothers	Hours Awake	Hours of Sleep
Stable group		
Eve	19	5
Denise	16	8
Jane	17	7
Kathy	18	7
Claire	15.5	8.5 (includes 1 hour nap)
Paula	16	8
Mary	15	9
Tess	16	8
Ann	16.5	7.5
Kim	17	7
Judi	16	8
Deirdre	15	9
Marian	18	6
Gwen	18	6
Fiona	16	8
		Mean = 7.466
Ex-care group		
Cherie	18	6 (includes 1 hour nap)
Martina	15	9
Paulette	15	9
Angela	16.5	7.5
Tracey	16.5	7.5
Sharon	17	7
Di	16	8
Belinda	16	8
Marie	14	10
Rachel	13.5	10.5
		Mean = 8.25

Table 3(v) Maternal sleep patterns

2 b vi) Leisure

For the purpose of this study mothers' leisure is defined only as those times when mothers had neither domestic, childcare nor paid work responsibilities, and were therefore free to pursue their own interests. Mothers' *own* definitions of

leisure time were less clear cut, since for them there was a less clear distinction between child-care and leisure than had previously existed between paid work and leisure time. Thus, while they perceived paid work clearly and unambiguously as work, childcare was not consistently seen as either work or leisure but tended to be assessed according to the nature of the task, and the engagement of mothers' time and energy which was required. Thus, the more pleasurable aspects of child care were often perceived by the mothers to be leisure, while time spent away from child engaged in domestic chores was more often perceived to be work.

The approach adopted in the diary analysis is based on an understanding of leisure as time freely at the individual's disposal, which can be employed in whatever manner the individual chooses. It is for this reason that the more pleasurable aspects of child care are included in the definition of work. Child care is treated in the same way as paid work in that it is the responsibility for the task and the inability to relinquish that responsibility which are seen as of primary importance rather than the arduousness of the task.

Mothers' leisure time is thus taken to mean only those times when the mother is not actively engaged in childcare or domestic work. Meals eaten while the child is being fed are treated as work. Those taken at nap times or when the child is cared for by another are treated as leisure. This understanding of leisure as time to oneself, and the relative freedom to pursue leisure interests afforded by the child's nap time is reflected in some of the mothers' accounts.

Researcher: "What would you do if you could get time to yourself?"

Deidre: "I think I'd go to London, or sit and read a book all day. Nothing very exciting. I can reckon on two hours to myself at least while he's asleep in the afternoon. I can't go out, but I can do what I want while I'm here."

In order to assess the extent of each mother's working commitments it is necessary to understand not only the child's sleep pattern but what activities the mother is engaged in at the time when her child sleeps and how much leisure she

has throughout the child's waking day. There were wide variations in the amount of leisure time which mothers enjoyed. Five mothers had children who had no day time nap, or none whilst they were in their care. For most mothers the child's nap time is used only partly for leisure activities. Only 5 mothers had 2 hours in which they could pursue leisure activities. The rest had 1 hour or less. Seven mothers used the child's nap time exclusively for domestic chores. As table 3 (vi) below shows, leisure time forms only a small part of the mother's day.

Stable mothers	Mother's activities in hours		
	Leisure	Sleep	Working
Eve	4	5	15
Denise	3	8	13
Jane	1.5	7	15.5
Kathy	0	7	16.5
Claire	3	8	13
Paula	3	8	13
Mary	2	9	13
Tess	0	8	16
Ann	1.5	7.5	15
Kim	1.5	6.5	16
Judi	2	8.5	13.5
Deirdre	1	9	14
Marian	4	6	14
Fiona	1.5	6	16.5
Gwen	4	8	12
Ex-care mothers			
Cherie	0.5	6	17.5
Martina	3.5	9	11.5
Paulette	2	9	13
Angela	0	7.5	14.5
Tracey	5	8	11
Sharon	4	7	13
Di	5	8	11
Belinda	5	8	11
Marie	1	10	13
Rachel	2.5	10.5	11
	Mean=2.42	Mean=8.18	Mean=13.7

Table 3 (vi) The allocation of work, sleep and leisure in each mother's day.

2 b vii) Leisure use

As can be observed from Table 3 (vii) below, most mothers spent their leisure time at home (20 mothers). Only 2 mothers used a baby sitter. Eight

mothers spent their leisure time alone at home. Eight mothers spent their leisure time at home in the company either of husband or boyfriend. Only 5 mothers (3 stable and 2 ex-care) went out on the diary day. Three of these were day time visits to see friends or relatives which coincided with the child's nap. These findings are confirmed in mothers' comments at interview on the restrictions placed upon their social life. For many of these mothers the function of their leisure time was in the main rest and recuperation, and at least part of their time was spent in functions which are not work and yet not totally leisure, for example, getting ready for work, eating meals, studying or visiting the solicitor. Three mothers spent their leisure time in catching up with sleep. Some spent their leisure time in trying to maintain social contacts, particularly in day time hours in situations where they could take their child with them. The quality of the ex-care mothers' social life appears to be particularly poor. Those with spouses or boyfriends (5 mothers) had some company on some evenings, but all reported that they rarely went out without their children.

Alone at home		At home with spouse		Socialising outside the home	
Stable	Ex-care	Stable	Ex-care	Stable	Ex-care
5	3	8	5	3	2

Table 3 (vii) Mothers' leisure use on the diary day

2 b viii) Alternative care

Mothers may get additional respite if their child is cared for by another person during the child's waking day. Only 4 of the stable mothers received no additional care, while 7 of the ex-care mothers were in this position. This care was most commonly provided by the spouse, and occurred while the mother was present so that she was nominally still on call should the need arise. In a small number of cases care may be provided by another source. One ex-care mother

and 1 stable mother received some care from relatives on the diary day, although in the follow-up interview they emphasised that this was not a normal occurrence. One child was cared for by a friend and another in a local authority creche which was provided in order to allow mothers to take advantage of the local leisure services. With 1 notable exception (the mother of a handicapped child whose cousin cared for the child for most of the diary day) the care provided by alternative carers was typically of short duration. As table 3 (viii) shows, this was most true of care provided by the spouse. In all, 8 stable and 2 ex-care spouses provided a period of exclusive childcare. Only one spouse provided as much as 2 hours child care, while the remainder provided only between 30 minutes and 1 hour of care. At the follow-up interview mothers reported these to be fairly typical patterns. These results confirm those of a number of studies which show the distribution of labour to be inequitable even in dual earner families (Brannen and Moss, 1991; Pleck and Lange, 1978; Rappoport and Rappoport, 1976) and are at variance with the findings of studies which suggest that the contribution of spouses is approaching equality (Bloode and Wolfe, 1960; Lamb, 1976; Russel, 1978).

Time-use studies which assess the relative allocation of work and leisure between the sexes (Berk and Berk, 1979; Robinson, 1977) highlight the fact that men's childcare contributions may be highly selective, and are in many cases carried out specifically to free their spouse to carry out further domestic tasks and not to afford her leisure time. The Working Families Project research (1978) showed that, even when fathers provide childcare in order to release women for paid employment, they assume little actual responsibility. Few fathers take over the role of the absent mother completely, for example few carry out domestic chores in addition to childcare, and much of the domestic work is still left to the mother.

A comparison of partners' work commitments using the diary data shows that at no time did the father's work load (including paid work, child care, and domestic work) equal that of the mother(see table 3 (viii)).

Mothers' Working Day			Fathers' Working Day		
Paid	Domestic	Total	Paid	Domestic	Total
Stable group					
0	15	15	0	1.6	1.6
0	13	13	9	0.7	9.7
0	15.5	15.5	9	1.2	10.2
8.5	7.5	16.5	4	0.5	4.5
0	13	13	9	1.7	10.7
0	13	13	8.5	1	9.5
2.5	10.5	13	0	3	3
0	16	16	9.5	0.5	10
0	15	15	7.5	1.2	8.7
0	15	15	8.5	1	9.5
0	14	14	8	0.1	8.1
0	13.5	13.5	9	1.5	10.5
7	9.5	16.5	9.5	1.5	11
0	12	12	8.5	0.3	8.8
		Mean=14.3			Mean=8.29
Ex-care Group					
0	17.5	17.5	0	1.5	1.5
0	11.5	11.5	0	2	2
0	14.5	14.5	5	4.5	9.5
0	14.5	14.5	10	0.5	10.5
0	11	11	8.5	0	8.5
		Mean=13.8			Mean=6.4
Overall maternal mean=14.21			Overall paternal mean=7.79		

Table 3 (viii) Comparison of cohabiting couples' work commitments

This table uses weighted totals of time use. For each hour weightings were as follows:
Maternal: Exclusive care =1, shared care=.5, aided=.75. Paternal: Exclusive care =1, shared
 =.5, aided=.25. Means refer to total daily workload (see Chapter 2 section 2 b vii) for
 definitions and details). N= 19 couples co-habiting on the diary day.

Fathers worked between 1.5 hours and 10 hours on the diary day (including paid work and child care), while co-habiting mothers worked between 11 and 17.5 hours. Thus no father's overall workload equalled that of the mother's. In the couple with the most nearly equal division of labour there was a difference of 2.5 hours between the maternal and paternal day.

While fathers' involvement was limited, mothers' responsibilities for home and child maintenance continued beyond the child's waking day. In the hours between the child's bedtime and mothers' sleep only 2 (ex-care) mothers described their spouse as contributing to household chores. Ten of the stable mothers and 1 ex-care mother with partners spent at least 1 hour in domestic work after their child was asleep

The spouses' child-care and domestic work contributions (taking both shared, exclusive and aided care into account) ranged from 7.5 minutes to 4.5 hours. In all, 5 stable and 1 ex-care spouse contributed less than 1 hour of any kind of childcare or domestic assistance. When both spouses were present, fathers contributed only about a quarter of the childcare or domestic work input, tending to accompany their spouses rather than taking shared or total responsibility for childcare or domestic work.

2 b ix) Paid work and paternal care

As table 3 (ix) below shows, the father's involvement does not appear to vary greatly with the mother's paid work commitments. Spouse's contributions averaged 1 hour where mothers were in full time work, 1 hour 5 minutes for those working more than 10 hours per week, 1 hour 19 minutes for those working less than 10 hours a week and 1 hour 35 minutes for those not in paid employment. If anything, therefore, there is an *inverse* relationship between the spouses' contribution and the mothers' paid work. This result may be a reflection of the composition of the sample, or of the methodology of the study which takes into account not only the allocation of tasks but the extent to which men and women take responsibility for these tasks, and the fact that men took little exclusive

responsibility for either child care or domestic work. Results from other time-use studies are conflicted on this issue. However, many appear to suggest that mothers' employment does not appear to increase significantly fathers' domestic and child care contribution (for example, Pleck, 1985).

Father's practical support in hours	Mother's paid work in hours
Stable group	
1.7	0
0.75	0
1.25	>10
0.5	Full time
1.75	>10
1	0
3	>10
0.5	>10
1.25	<10
1	<10
0.12	>10
1.5	<10
1.5	Full time
0.36	0
Ex-care group	
1.5	0
2	0
4.5	0
0.5	0
2	0

Table 3(ix) Spouse's contribution and mother's paid employment.

>10 = part time (between 10 and 35 hours).

<10 = part time (between 0 and 10 hours).

0 = not in paid employment. (figures presented as hours and fractions of hours)

The degree of paternal commitment in the present study does not appear to reflect maternal expectations. Two of the stable mothers had high expectations of paternal support, and believed that childcare and domestic tasks *should* be shared (discussed further in Chapter 5, Section 3 c i). In spite of this, the paternal contribution was below the group mean for both these mothers. While they suspected that the paternal contribution did not equal theirs, both these

women felt that their spouse's contribution was substantial. Fathers appeared to be responding neither to the increase in mothers' paid work commitments nor to their partner's expectations of support, both of which might have been assumed to increase the paternal contribution. Their level of involvement appeared to reflect neither principals of equity, nor maternal pressure within the relationship but seemed to be primarily a reflection of the male partner's willingness to 'help' their partner.

2 b x) The nature of paternal involvement

La Rossa and La Rossa (1981) note that because men are able to distance themselves from the parental role and can therefore define their parental contribution as voluntary, they feel able to select those tasks which are highly visible, involve less engagement of time and attention, and fall towards the play end of the work / play child care continuum. Table 3(x) shows a breakdown of the nature of fathers' involvement in household tasks found in the present study which shows that again, fathers selected the more pleasurable childcare activities, such as bathing, play or putting the child to bed, over routine tasks like nappy changing or feeding the child.

Domestic	No. of men	Child care	No. of men
Cooking ,	7	Play	6
Makes drink	2	Puts child to bed	5
D.I.Y	2	Baths	5
Washes up	2	Feeds	3
Cleans	1	Child care mother absent .	3
Shopping	1	Nappy change	3
Gardening	1	Gives advice	2
Nothing	6	Wakes child / hands to mother	2
		Nothing	2

Table 3(x) The paternal contribution to child care and domestic work.

N =19 Scores refer to fathers' contribution on the diary day.(some fathers performed more than one task.)

Domestic work was even less popular than child care. While only 2 fathers had no child care input over the 24-hour period, 6 fathers did no domestic work at all on the diary day. Others performed only 1 task. Again, men exercised their power to choose the less arduous tasks. Cooking was the most popular activity (although no spouse cooked a main meal or more than one meal), while cleaning was the least preferred domestic option (only one spouse did any cleaning at all).

How typical was the diary day?

There may be problems in making inferences from a single 24 hour diary. However, there are many practical difficulties in getting a group of busy mothers especially those who are in difficult social circumstances to complete a detailed diary over a longer period. For this reason, the follow up interview was used at least in part to check on how typical the events recorded on the diary day had been so that inferences were not being drawn from the evidence of one totally unrepresentative day.

In spite of the difficulty in predicting the behaviour and routine of very young children, almost all the mothers felt that the diary day was typical in terms of the child's basic routine. Only two mother commented that the child's routine was unusual. One because her child had slept more than usual and the other because her child had started bottle feeding on the diary day.

Of the 19 co-habiting mothers 16 felt that the diary gave an accurate reflection of their spouse's contribution. Three of the co-habiting mothers commented that their spouses contribution were slightly untypical. Two said that their spouse had contributed slightly *more* than usual on the diary day, because of reduced paid work commitments, while one mother said her spouse had contributed slightly less than usual, again because he had not been at work but in this case because he had gone out.

A distinction needs to be drawn between mothers' normal weekday and normal weekend patterns. The majority of the diaries record weekday events,

(mothers were asked to start recording on the day after the first interview) but 3 mothers recorded weekend days. The significance of this largely depends on the spouses normal working pattern. For non co-habiting mothers and those whose partners have no regular employment and who do not themselves work outside the home, weekdays and weekends were very much alike. Two of the mothers who recorded weekend days were co-habiting, and thus the amount of paternal involvement on the diary days may have been higher than the normal weekday pattern. However, as table 3 (viii) shows, although freedom from paid work commitments increased the spouses' *potential* contribution their actual contribution was only marginally positively related to freedom from paid work commitments. Thus there was less difference between weekday and weekend commitments than might have been anticipated. Similarly, variations in the working hours of mothers in part-time employment did not create a great deal of variation in overall workload since mothers typically reported that they directly substituted paid work for domestic work. Thus part time workers overall daily workload remained fairly constant throughout the week.

The one area in which the diary day was felt to be unrepresentative was in the area of mothers' social life. Eight of the mothers commented that their normal daily social contacts were over represented since the diary day had included social contacts which were weekly rather than daily occurrences.

Only one diary day appeared to be totally unrepresentative. This was a day which had started off fairly normally but which was also the day of an important case conference concerning the child's future which culminated in the child being received into care at about 3 pm on the diary day. For this reason, inferences about this mothers daily schedule were based very largely on the follow up interview, and not on the diary day. It was possible therefore to use the diary data to make a reasonably accurate assessment of mothers' workload and the support available from the spouse and from the mothers' wider social network.

However, in order to understand the nature of mothers' personal relationships it was necessary to have recourse to the interview data.

2 c) The parenting task - Summary.

In treating motherhood primarily as work it is possible to begin to unravel the stresses which surround it. The needs of the child must be serviced by constant nurturance and surveillance, necessitating long hours of unremitting labour. The findings of both the diary and interview data coincide with the anecdotal material of Boulton (1983), Chavkin (1978), Oakley (1974a) and Sharpe (1984), in which mothers describe their work as hard, lonely, and only fleetingly satisfying. The findings are also consistent with the time-use studies of Pleck (1976) and Walker and Woods (1976) which document the extent of mother's work commitment. The hours mothers work are universally long (between 10 and 17 hours with a mean of 13.7 hours a day in the present study). Mothers spent an average of 6 hours a day alone and those who were not co-habiting were alone in excess of 8 hours per day. The organisation of child care around the mother's central role, and the limited contribution of those closest to her means that the burden of parenting falls almost exclusively upon the mother, making the work of mothering inevitably stressful. Thus the current construction of motherhood carries with it stresses which arise from gender based assumptions about the meaning of womens' role.

The analysis of mothers' work and stress using a methodology which reflects not only time-use but which but also compares the level of responsibility for domestic work and child care which each partner carries, presents a more realistic if more pessimistic picture of mothers' workloads than many similar diary based analyses. Such an analysis shows that in transactions in which both mother and father contribute to childcare and domestic work, mothers typically retain overall responsibility, and that this increases stress and significantly reduces their access to leisure time. These issues relating to the allocation of

responsibility between sexual partners, and the way in which mothers negotiate for a more equitable division of labour will be developed later in the thesis.

All the women in the sample, whether stable or ex-care were likely to be affected by the long hours and unremitting nature of the parenting task, and by the expectation that they would undertake the major responsibility for child care in *addition* to their domestic and paid work responsibilities. However, the extent to which these responsibilities became stressful is also related to the social context in which the task of parenting is carried out and the way that motherhood is constructed within a particular society. Mothers' ability to gain effective relief from their domestic, paid work and childcare burdens depends on their access to the social and economic resources which can be the means of alleviating their stress. Mothers' experiences are mediated through structural factors like class, race and gender which in turn affect their access to resources. Thus in order to understand the stress of parenting it is necessary to place the work associated with the parenting task in its social and economic context, and to understand the way in which the resources available to mothers either compound or alleviate the stress associated with the work of parenting.

3.Socio-economic factors which impinge upon the parenting experience

The stress inherent in the task of parenting, created by the long hours, isolation and monotony, which were revealed in both the interviews and in the diary analysis, may be compounded by elements in the social context which increase the pressure on a mother's already strained resources. For example, Pearlin and Johnson (1977) have identified a number of key conditions in the social context which act as predicting factors for depression and which have consequences for both maternal and child health. Poverty and disadvantage have consequences which are reflected in class differences in still-birth and perinatal and infant mortality and in many indicators of physical development and health

(Davie, Butler and Goldstein, 1972; Office of Population Censuses & Surveys, 1982; Spence *et al*, 1954). These structural disadvantages are compounded by the fact that socially disadvantaged families are less likely to make use of ante-natal and post-natal care, and are more likely to have higher rates of contact with social services and mental health departments (the Black Report on Inequalities in Health, 1980; Wedge and Prosser, 1973). Lone parent households, especially mother headed households are particularly at risk since they have to cope with the joint problems brought about by low income and by lack of time and resources (Finer Report, 1974).

Poverty and disadvantage will have profound effects on the parenting experience which will compound the stress induced by the nature of the task itself. Lack of adequate income can be a major source of stress (Burghes, 1980; Evason, 1982) and can be a source of bitter marital conflict (Dobash and Dobash, 1982; Pahl, 1980). In order to understand the parenting experience it is therefore necessary to look not only at the nature of the parenting task but also at mothers' experiences of poverty and disadvantage, since these are likely to contribute to, and to exacerbate the stress of parenting. The incidence of poverty and disadvantage within the sample can be assessed by looking at two measures; a) financial status, and b) housing.

3 a) Financial status.

Financial stress is a common feature of the transition to parenthood. Parenting brings with it a number of financial costs which arise both from the loss or partial loss of the income from the female wage earner and from the childcare expenses which have to be met by dual earner couples. In this sense none of the mothers in the study could be described as completely free from financial stress. However, for some mothers this stress was particularly severe due to their experience of low income or unemployment. The level of household income is necessarily a crude indicator of financial stress since it takes no account of the

relative allocation of income within households, which as Land (1983) has pointed out is gender based. Because of their access to material resources and enhanced status through the world of work, men have the power to regulate the distribution of resources within the family and to define to what extent and in what ways they will contribute to the domestic sphere. This has led Land (1983) to argue that the term 'family poverty' is misleading since it does not take account of the distribution of wealth *within* families.

In spite of its limitations, household income can give a rough indication of financial stress. Since the available interview data did not allow a reliable interpretation to be made of resource distribution within families a more detailed analysis based on gender differences in access to financial resources was not possible (although these could sometimes be inferred from mothers' accounts (see Chapter 7). Assessments of financial status were made on the basis of occupational data provided by mothers at interview (see Table 2 (v)). Income was inferred from the occupational status of both parents where mothers were in stable co-habitations and from the mother's occupational status where mothers lived alone. Families where at least 1 parent was in full time work were not assumed to experience marked financial stress unless this was specifically mentioned by mothers at interview. All families who relied on income support were assumed to be suffering from financial hardship which was defined as a household income which was less than 25 % of the national average income (Social Trends, 1989). In addition, 5 households (those with an income of between 75 and 100% of the national average) were assumed to have experienced mild financial stress.

Twelve mothers were found to be suffering from marked financial stress (3 from the stable, and 9 from the ex-care group). Eight of the ex-care mothers depended upon state benefits as their major source of income, while 1 had a partner in an extremely low paid occupation. Thus only 1 ex-care mother had a partner who earned a figure close to the average male wage. Six were lone

parents and 2 had unemployed co-habitees. This is in keeping with the finding of the (1985) report of the 1981 census findings that 90% of lone parent households have a household income which is less than 80% of average earnings (Social Trends, 1989). The incidence of financial stress was much less marked amongst the stable mothers. Only 2 were in households dependent upon state benefits (one of these was a single parent and 1 had a spouse who was unemployed). The third family relied solely on the mother's small part-time earnings.

3 b) Housing

Housing stress may be assumed to be experienced by those mothers who were in homeless families accommodation and those who were living in overcrowded conditions (usually in houses in multiple occupation). Four mothers came into this category. As table 3(xi) shows, two stable and 1 ex-care mother were in homeless families accommodation at the time of interview, and 1 (stable) mother was living in overcrowded conditions with her own family. It should be noted that all the ex-care group had suffered some housing stress between their pregnancy and the time of interview since all had spent some time in homeless families accommodation.

Type of accommodation	Number of mothers
Owner occupiers	10 (stable)
Council house tenants	1 (stable) 1 (ex-care)
Council flat	1 (ex-care).
Homeless families accommodation.	2 (stable) 1 (ex-care).
Housing association flat.	7 (ex-care)
Student accommodation	1 (stable)
Living with relatives	1 (stable) .

Table 3(xi) Accommodation at the time of interview

3 c) Health factors.

In addition to economic and social resources, aspects of maternal and child health and the difficulties of parenting a hard to care for child are likely to impinge

upon and deplete women's resources (Oakley, 1980; Graham and McKee, 1980). For this reason the data were next analysed with reference to i) Mothers' physical health ii) Mothers' mental health and iii) The child's health and personality.

3 c i) Mothers' physical health.

All the stable mothers were in good physical health at the time of interview (apart from difficulties directly related to the birth). However, 3 of the ex-care group had been hospitalised in the 6 months preceding the interview (appendicitis, urinary infection, and repeated uterine and chest infections). Two suffered from severe migraine, and 1 had had a fainting episode during the previous week. Nothing similar was reported among the stable group. Physical well-being clearly has implications for the mother's ability to cope with the demands of child care and poses acute problems for lone mothers who have no alternative sources of childcare. Three of the ex-care mothers and 2 of the stable mothers were pregnant at the time of the interview, and this exacerbated their feelings of fatigue. In addition, 1 ex-care mother had suffered a miscarriage since the birth of her child. An alarming 4 out of 10 mothers in the ex-care group had been subjected to physical violence from a sexual partner both during pregnancy and after the birth. In 1 case this was the cause of the child's mental and physical handicap. Two mothers were still in violent relationships at the time of the interview.

Birth.

Aspects of the birth experience have been shown to contribute to stress and have been implicated in the aetiology of child abuse, in particular the effects of prematurity and maternal infant separation in the first days after birth (Kennel, Voss and Klaus, 1976; Lynch and Roberts, 1977). For example, birth complications, most notably non-elective Caesarian section, may affect the mother-child relationship. In particular they have been related to maternal attitude and to difficulties in bonding (Trowell, 1989). Childbirth experiences may

induce stress in two ways, firstly as a result of physical trauma which has effects lasting into the first year of the child's life, and secondly because of the emotional and psychological trauma which a difficult birth may bring with it. Feelings of exhaustion and shock were common reactions in the early months, and were experienced by mothers from both groups. Those who had had particularly difficult births took longer to recover physically (2 had emergency Caesarian sections and 3 had suffered a post partum haemorrhage). Four stable mothers and 1 ex-care mother had longer term problems with tears or stitches. All of these problems had however resolved themselves by the time the child was 6 months, and some a good deal sooner.

Type of illness	Number of mothers
	Stable mothers
Post natal depression	3
Pregnant	2
Other illness	0
Type of illness	Ex-care mothers
Physical violence.	4
Post natal depression.	4
Pregnant	3
Migraine	2
Hospital admission due to infections	2
Appendicitis	1
Fainting (ascribed to excessive blood loss after the birth)	1
Miscarriage	1

Table 3 (xii) Mothers' physical health in the 6 months preceding interview.

There are differences between the ex-care and stable group in the quality of their birth experience. A high percentage (50%) of the ex-care group had straight forward births requiring minimal intervention, as opposed to 33% of the stable group. This might have been expected because of the differences in mean age of the sample (the ex-care mothers had a mean age of 17.6 years compared with a mean age of 26.13 years for the stable mothers) at the time of the child's birth . In spite of this, the ex-care group almost all looked upon childbirth as a

negative experience, however straightforward the birth. They commonly emphasised their pain and alienation, and experienced the hospital as a hostile environment. While this was not unknown among the stable group, particularly among those who had heavily medicalised births, on the whole they emphasised the positive aspects of the experience even when the birth had been physically traumatic. The stable mothers appeared to be better informed about the options available to them, and more inclined to assert their demands. Three of this group opted for, and fought to obtain home births (2 succeeded).

Birth experience	Stable mothers	Ex-care mothers
Straight forward, few stitches	7 (2 home births)	5
Protracted labour, numerous stitches	1	1
Forceps delivery	1 (+2 attempted)	1
Episiotomy	2	0
Ventouse delivery	2 (+1 attempted)	0
Induced	3	3
Emergency Caesarian	1	1
Post partum haemorrhage	3	0

Table 3 (xiii) Birth experiences

(n = >25 as some mothers had more than 1 type of intervention)

3 cii) Mothers' mental health.

The term 'post natal depression' was used by mothers to cover a range of symptoms, however, mothers made a distinction between the 'baby blues', which 7 mothers said they had experienced, and 'depression' which was severe and of long duration. Seven mothers in all reported experiencing long term feelings of depression (3 stable and 4 ex-care). Two stable mothers and 3 of the ex-care group had received treatment for depression (a combination of counselling and drugs). One stable mother had referred herself to the Samaritans for counselling and 1 of the ex-care group had rejected treatment as inappropriate. As table 3 (xiv) shows there was a clear connection between social stress and depression following childbirth. Four out of 7 of these depressed mothers were lone parents. Of these, 3 were in homeless families

accommodation at the time of the child's birth. A further 2 had severe housing problems. Another mother suffered acute problems of fatigue and overwork. Five of this group were also in receipt of supplementary benefit.

Problem	Number of mothers
Low income	5 (ex -care)
Housing problems.	5 (2 stable, 3 ex care)
Sleep problem in child	2 (stable)
Rejection of child	2 (1 stable, 1 ex-care)
Marital violence	(1 ex-care)

Table 3 (xiv) Problems associated with depression following childbirth.

3 ciii)The child's health and personality.

Children who are hard to care for whether through illness, disability or personality may increase the stress experienced by those who care for them. Mothers report that some children are more irritable, sleep less, and are harder to console than others and such factors have been cited as the immediate triggering factor in many cases of maternal child abuse (Kirkland, 1985). Hard to care for children, those who are mentally or physically handicapped or who suffer from chronic illness are over represented in statistics of abuse and neglect (Creighton, 1985).

All of the babies in the present study had suffered from a range of mild illness in the early months. As table 3(xv) shows,among the stable mothers, colic was the most commonly mentioned complaint (5 babies) followed by mild gastro-enteritis. The babies of the ex-care mothers were reported to be more often and more severely ill than the those of the stable group. One of the ex-care babies was severely mentally and physically handicapped and suffered from fits, 2 had had pneumonia, a further 3 were said to have suffered from chronic chest complaints and 1 baby had suffered a single fit. Only 2 of the children were described as generally healthy. The differences in the health of the 2 groups

suggest that the adverse social conditions experienced by the ex-care group (which were themselves stressful) contributed to the ill health of their children, which in turn became an additional source of stress.

Child's illness	Number of children
Stable group	
Colic	5
Diarrhoea	3
Ear infection	1
Chest infection	1
Suspected asthma	1
Bronchitis	1
Nappy rash	1
Eczema	1
Ex-Care group	
Bronchitis	1
Pneumonia	2
Asthma	4
Eye infection	1
Fits	2
Mental handicap	1
Delayed development	2
Suspected deafness	1
Breathing difficulties	1
Chest infection	1
Suspected N. A. I.	2

N.A.I = non accidental injury

Table 3 (xv) Health of the child

3 d) Child management.

Some mothers experienced severe management problems when caring for their child. Sleep problems in the child were also common (reported by 9 mothers). Of these, 3 were described by the mother as severe. The ex-care

group experienced more management problems and these problems centred around difficulties in bonding and interaction (see table 3(xvi)). Four of the ex-care mothers reported that they had rejected the child at birth or that it had taken them some months to feel that they could accept and love the child. This result has to be understood in relation to the higher social stress experienced by the ex-care mothers, and the higher incidence of unwanted pregnancies within this group.

Management Problem	Number of mothers
Feeding problems (insufficient weight gain)	4 (3 ex-care, 1 stable)
Rejection of the child. Impaired interaction	4 (ex-care)
Sleep problems	3 (stable)
Suspected child abuse.	1 (ex-care)
No problems.	12 (11 stable, 1 ex-care)

Table 3 (xvi) Management problems

In most cases there was an association between severe management problems and social problems. Only 1 of the mothers who reported no problems was a lone parent. The 3 ex-care mothers who had children who failed to gain sufficient weight were either single parents or were subject to physical abuse from a male partner. The stable mother who had similar problems had a severe housing problem and suffered from depression. The mothers who had bonding or interaction problems were either lone parents or had severe housing problems at the time. Of the 3 stable mothers whose children had sleep problems, only 1 appeared to have social problems (lone parent in homeless families accommodation). One of the remaining 2 suffered from postnatal depression. It appears that sleep problems may be a property of the individual child and may be a contributory cause, rather than a consequence of social stress.

The above analysis illustrates the way in which the experience of poverty and disadvantage can compound the stress induced by the work of parenting. Severe socio-economic deprivation which is found most often amongst the ex-

care mothers appears to be associated with poor mental and physical health for both mothers and children, and with impaired relationships between mother and child.

4 Summary.

The analysis of both the interview and the diary data revealed the task of mothering to be often both arduous and stressful, and one which required a substantial level of support. The experience of mothering could not be understood without reference to the context in which it occurred, since structural factors like poverty, poor housing and the relative allocation of resources within the family contributed to the pressures which had already been induced by the task of child care.

In coping with the stresses of motherhood, the quality of the relationships which surround the mother are also crucial since they can both contribute to and alleviate the stress of mothering. It is the quality of these relationships which is examined next.

Chapter 4. Mothers' experience of stress and support

1 Introduction.

As has been argued in previous chapters, the task of mothering carries with it stresses which arise both from the task itself and from the social context in which it occurs. In adapting to social stress, mothers draw not only upon their personal relationships but also upon their inner resources in order to deal with the additional demands which mothering makes upon their time and energy. Stress in mothering can therefore be understood not simply in terms of the relationship between social and environmental stress and available social support, but as a complex interaction between mothers' internalised needs and expectations of parenting and the external demands placed upon them. Both the emotional and the physical resources available to the individual will therefore be crucial determinants of the individual's ability to cope with stress (Lazarus, 1966). Coping is a concept which has been used by a number of authors to describe the way in which the individual uses inner resources to meet external demands (Ball, 1987; Giddens, 1979, 1981), suggesting that psychopathology develops when the 'coping resources' available to an individual are exhausted. The outcome of coping behaviour is seen as determined by personality factors and previous experience, by the degree of stress being experienced, and by the quality of the supportive environment surrounding the individual. Therefore those mothers who suffered deprivation in childhood, who are under the most severe current stress from both social and relational sources and who have the lowest levels of social support, are thought to be most likely to have the poorest outcome in terms of their own mental and physical health and their relationship with their child (Brown and Harris, 1978; Lazarus, 1966).

The extensive available literature on social support emphasises the protective effect of support, acting as it does as a buffer to stress and ill health. In this context social bonds have been seen as crucial to psychological well being (Berkman and Syme, 1979; Nuckolls, Cassell and Kaplan, 1972; Pearlin and Johnson, 1977; Wellman, 1981). For this reason, research has concentrated on a search for mediating factors in the social network which may protect the individual from the effects of stress.

Caplan (1964) hypothesised that people experiencing major upheaval in their lives are more susceptible to personal intervention (whether positive or negative) than they are at times of normal functioning, and that the quality of the support at this time may have the effect of loading the dice in favour of a good or poor outcome. Social support is therefore likely to be of particular importance for new mothers who are confronted with change in several key areas of their lives. Indeed, Crockenberg (1981) found that adequate social support was the best indicator of secure attachments between mother and child at one year, and that the effects of support were particularly marked in conditions of high stress. Longfellow *et al* (1982) and Weinraub and Wolf (1983) similarly found that increased availability of support and a subsequent reduction in life stresses increased the parenting effectiveness of both single and married mothers.

1a) The nature of social support

While social support has been established as vital for new mothers, the *mechanisms* by which such support operates, and the *meaning* of various support relationships and types of intervention for individuals are as yet only imperfectly understood. For this reason much of the support literature has concentrated on unravelling the components of social support in order to understand the way in which it is beneficial to individuals. Social support has been analysed from a number of

perspectives, and has been used variously to describe network support (that is, the extent and function of the total social network available to the individual), support behaviours (the specific types of provision which are necessary to meet the individual's needs), the types of support relationship available, and the individuals' perception of the support process, in an attempt to unravel the mechanisms of support. The strengths of each of these approaches is considered next.

1 a i) Social networks

A cluster of research has focused specifically on examining the social networks which surround new parents in order to identify which relationships and which groups of relationships are most important for effective social functioning. Support within the most intimate relationships appears to be an essential prerequisite of well being, and to be of particular importance where other adverse factors exist. Early research, for example Bott (1957) examined the importance of kin and friendship networks for emotional well being. Other research has looked at the relative importance of particular social relationships in protecting mothers from the effects of stress. For example (Brown *et al*, 1975; Brown and Harris, 1978; and Leung, 1985) have argued for the primary importance of a confiding relationship with a husband or boyfriend, and as a second line of defence, the existence of a wider friendship network. As a number of researchers, among them Lopata (1971) and Gove and Tudor (1973) have shown, because support relationships are not readily interchangeable and each may provide a different type of support, it is important to maintain a *range* of social contacts in order to function effectively. However, as Bernard (1975) and Comer (1974) point out, mothers' exclusive responsibility for their children and their isolation within the nuclear family means that they are effectively cut off from traditional sources of support and from the productive sector of society. Graham and Mckee (1980) similarly report a dramatic increase in

loneliness between 1 and 5 months after the first birth, suggesting that women's social networks had been disrupted and had not yet been replaced.

Thus, while the transition to motherhood may be seen as a period of increased stress in which support networks need to expand to meet the increasing demands placed upon them, around the time of the first birth social networks typically contract and mothers are thrown back upon their intimate relationships and become increasingly dependent on them for support. At the same time, the work load and the isolation which new parenthood brings are not conducive to the mothers' attempts to expand and elicit new supportive contacts. As Brown and Harris (1978) comment, "Pregnancy and birth like other crises, can bring home to a woman the disappointment and hopelessness of her position. Her aspirations are made more distant or she becomes even more dependent on an uncertain relationships" (p.141).

1 a ii) Support Functions

The debate around the issue of what constitutes social support and the growing concern that the concept of support is too loosely defined, has led to attempts to identify specific support behaviours and to develop typologies of supportive provisions which meet the parents' psycho-social and practical needs during the transition to parenthood (Barrera *et al* , 1981, Sarason *et al*, 1983). This approach is exemplified in Gottlieb and Pancer's (1988) typology in which 4 main types of support are identified, all of which are necessary in order to fulfil an individual's support needs (p.241). Gottlieb and Pancer identify these as the need for emotional fulfilment, cognitive guidance, tangible aid and coherence, (the sense that experience is both predictable and meaningful). However, as Pearlin and Schooler (1981) and Weiss (1974) have argued, there is evidence that different relationships fulfil different types of support needs and are therefore not readily interchangeable. For example, marriage and friendships perform distinct functions and fulfil different types of support need, so that if an individual is forced back upon the relationship with the

sexual partner and lacks alternative friendship ties they may be unable to meet their basic support needs. It is important therefore not only to understand the function of specific support behaviours, but also to look at the availability of individuals within the network who are capable of providing different types of support. This is an issue which is likely to be of crucial importance for new mothers whose wider social networks are likely to contract around the time of the birth of the first child.

1 a iii) Perceptions of social support.

Attempts to quantify social support have foundered, as a review by Dean and Lin (1977) has shown, because of the multi-faceted nature of support, and the contradictory nature of many relationships. The frequency of social interaction is not necessarily related to psychological adjustment or to subjective perceptions of support (Barrera, 1981). While family support, especially marital support is consistently shown to be important, such support may act both as a buffer against stress *and* as a source of stress (Clarke and Summers, 1961; Leung, 1985). There is therefore a need to look closely at the way in which the concept of support is constructed and at the *mechanisms* of support rather than assuming that all close social ties are necessarily supportive. Examining specific support behaviours and the role which particular relationships play in the provision of social support can enrich the simple analysis of the composition of the social network. However, neither network analysis nor an analysis of support behaviours can fully address the problem of the subjective perception of social support and the discrepancy which may exist between the perspective of the support giver and that of the support recipient. In order to do this it is necessary to understand the individual recipient's perception of social support, and to place their relationships in the social and ideological context which produces them.

The recognition that support behaviours may be unhelpful as well as helpful has shifted the focus of research from the measurement of support in terms of network

size, towards an understanding of individual perceptions and the relational context in which support occurs (Lehman *et al* , 1986; Rook, 1984; Kessler *et al*, 1985). Recent research on social support and early parenting has followed this shift in focus and has emphasised the importance of understanding parents' own appraisals of the adequacy of the support available to them rather than a simple quantification of the size of their support network (Boukydis, 1986; Gottlieb, 1978). As Weiss (1974) points out, effective support is that given by any person (either professional or lay) who is accepted as an ally by the distressed person and needs to be understood in the context of the personal relationship in which it arises. In order to assess the value and influence of support it is therefore necessary to have access to the values and beliefs of the individual.

Recent typologies of support behaviour have attempted to integrate the strengths of all these approaches in an effort to understand the contribution of each type of support and the way the various types interact. The Arizona Social Support Interview Schedule devised by Barrera *et al* (1981) integrates a typology of support behaviours with an understanding of the contradictory nature of social support and the need to understand the perspective of the support recipient. This schedule uses the concepts of 'total network size' (Jones and Fischer, 1978) meaning all those cited as offering support, and 'conflicted network size', meaning members of the support network who are also sources of interpersonal conflict.

An understanding of social relationships as variable in function, and neither inherently stressful nor supportive dictates a need to examine not only the extent and function of support relationships, but also the process by which support is negotiated within close relationships. This approach is one that is followed in the present study in which support is seen not as a static property of particular individuals or types of behaviour but as a dynamic process which is closely linked to

mothers' relational context and to the way in which individuals construct those relationships within the social context in which they are engendered.

Because the experience of stress and support is so intimately bound up with the quality of mothers' close relationships it is necessary therefore to progress from a consideration of the features which are associated with the parenting context to a consideration of the nature of mothers' personal relationships and the way in which features of the experience of parenting, for example chronic tiredness and additional work, interact with relational factors to induce stress. This is an issue which has been taken up in the research literature, for example in the parenthood as crisis research (Le Masters, 1957; Hobbs and Cole, 1976) which outlines the ways in which a dysfunction in personal relationships can turn a potentially adaptive experience into a crisis. It is also addressed in research which examines the negotiation of marital roles following the first birth, particularly the ways in which mothers become defined as primarily responsible for work within the home and the consequent parenting stress which devolves upon them (Entwisle and Doering, 1980; Mckee, 1982). In the present analysis the mothers personal relationships are seen as neither inherently stressful not inherently supportive but as carrying potential for both support *and* stress. Thus this chapter looks not only at the availability of social contacts but also begins to unpack the stressful and supportive aspects of these relationships and the way in which they interact with features in the mothers' social context.

2 The Analysis of Stress and Support

In the analysis of the support available to mothers it is proposed to draw on the strengths of a number of the above approaches, moving from mapping quantifiable aspects of the mothers' social network to an appraisal of the function and meaning of support in their lives. Firstly the data is analysed in terms of the content and

frequency of the mothers' social contacts in order to identify the *potential* for social support which exists in mothers' social network. The analysis then moves on to examine the mothers' perceptions of the support provided by these relationships. In order to do this the analysis moves progressively from treating support as a relatively objective quantifiable variable to treating support as subjective and constructed.

2 a) Analysis of social networks

The simple mapping of networks by their size and by frequency of contact can be extremely revealing about the extent of the resources which mothers have to draw on. Because of this the interview data were analysed initially on this basis (see Table 4 (i)). Mothers' responses to specific questions about the nature and frequency of social contacts were assessed in order to estimate the size and composition of the social network. In addition a content analysis of the entire interview was carried out and mothers' references to the frequency and nature of their social contacts were examined in order to construct a more complete picture of the social network. The diaries were analysed in conjunction with the interview data and were used not only to assess mothers' social contacts on the diary day but also as a way of identifying additional members of mothers' social network. In the follow up interview mothers were asked to clarifying the frequency and nature of these contacts. Total social network size was taken to consist of all contacts mentioned both at interview and in the diary. Frequency of contact was inferred directly from specific questions about the frequency of interactions, and indirectly from mothers' descriptions of their normal weekly or daily routine. For example, if mothers said they saw their own mother infrequently, and that they had not seen her since she had visited around the time of the child's birth their contact with their own mother was assessed as bi-annual. Most of the analysis of the extent of particular non-

professional relationships could be read of from the data, but in some cases inferences were made. For example, co-habiting women were assumed to be in daily contact with their co-habitees, unless there was evidence that they had been separated in the recent past. The types of support offered by these relationships could be inferred from the interview data in which mothers described their interactions with and feelings about members of their social network.

The 19 co-habiting mothers in the study had most frequent (daily) social contact with their husband or co-habitee. Friends were the next most frequent source of contact. Twenty mothers (13 stable and 7 ex-care) reported at least weekly contacts with friends. Only 3 mothers had less than monthly contacts with friends.

The rate of contact between the women and their own mothers was surprisingly low. Only 7 of the mothers had regular personal contact with their own mother (at least once a month). In addition 13 mothers had some personal contact (about once or twice a year) or by telephone. Five mothers had no contact with their natural mother. Four of these were from the ex-care group. A similar pattern existed for extended family relationships. Almost all mothers who had regular maternal contact also had extended family contact. Professional contacts varied according to the age of the child and professional concern for maternal or child welfare. All but 7 of the mothers had regular (at least monthly contact) with a medical professional, usually a health visitor. Six of these 7 mothers had children of more than 9 months. Five mothers had regular (at least monthly) contact with a social worker or probation officer. These mothers had all been in care. Data were also analysed in terms of the support *options* available to mothers, that is, their access to alternative potential sources of support, again using frequency of contact as a basis for the assessment. This method of analysis draws on Gove and Tudor's (1973) insight into the different functions which different types of affiliative tie serve, and the importance of

maintaining access to a range of social contacts which each fulfil different support needs.

Relationship	Daily	Weekly	Monthly	Seldom	Never
Sexual Partner	19	3	-	-	3
Friends	-	20	4	-	1
Professional	-	2	16	7	-
Own mother	1	2	4	13	5

Table 4 (i) Face to face social contacts

Such an analysis predicts an adverse outcome for individuals with limited support options. Partner, mother, friends and professional support are therefore seen as serving distinct, though overlapping support needs and those mothers who have access to all 4 sources of support are assumed to have most chance of buffering the effects of stress. A support option was assumed to exist where there was at least weekly contact. Only relationships which were violent were excluded from this pool of support options.

No. of options	Nature of the support relationship	Number of mothers
1	a) Partner b) Mother c) Friends d) Professional	1 (stable) 1 (ex-care) 1 (ex-care) 1 (ex-care)
2	a) Partner, extended family b) Partner, friend c) Maternal, extended family d) Friend, professional e) Friend, extended family	3 (ex-care) 9 (8 stable 1 ex-care) 2 (1 ex-care, 1 stable) 1 (ex-care) 1 (ex-care)
3	Partner, extended family, friend	1 (stable)
4	Partner, maternal, extended family, friend	4 (stable)

Table 4 (ii) The relationship options available to mothers

(n = 25; 15 stable, 10 ex care mothers. Each mother appears only once in the table)

Using this broad measurement, striking differences in the range of support options open to the stable and to the ex-care mothers emerge. While all but 1 of the stable mothers had more than one type of relationship option available to them, the ex-care mothers had fewer sources of potential support to choose from. Therefore there was a greater potential for the fulfilment of stable mothers support needs from within their social contacts than among the ex-care mothers. Mothers with only 1 relationship option were unlikely to have all their other support needs met from within the same relationship. This problem was likely to be particularly acute for mothers who had only professional support to rely on since this relationship was likely to be low on intimacy.

All relationships in which one of the parties is in need of support imply some kind of dependence. This dependence is likely to be increased if mothers have few support options since they have no alternative means of securing the support they need. The analysis of relationships simply by looking at the range and number of contacts has serious limitations since it does not take into account the fact that some regular contacts may be stressful. Not only are all social contacts not necessarily supportive, but there may be elements of stress in relationships which mothers describe as mainly supportive. Therefore, it is necessary to distinguish between the characteristics of the social network, the support functions which each relationship fulfils, and mothers' perceptions of support.

2 b) Mothers' Perceptions of their main source of support.

Mothers were asked to identify the person in their support network who gave them the most support (see Table 4 (iii)). All the mothers in the study who were in a stable co-habitations (19 mothers) stated that they derived their main source of support, both practical and emotional from their husband or co-habitee who was also their most frequent social contact. In addition two mothers not on stable co-

habitations described current boyfriends whom they saw infrequently as their main source of support. Friends were not seen as the *main* source of support by any of the mothers although they could be an important secondary source of support. Only 2 mothers described her own mother as her most important source of support. Professionals and extended family members were described as most supportive by 2 mothers. The types of support provided by each of these relationships is described in Section 2 d.

Main Source of Support	Stable mothers	Ex-care mothers	Total
Co-habitee or boyfriend	14	7	21
Own mother	1	1	2
Professional support	0	1	1
Friends	0	0	0
Extended Family	0	1	1

Table 4 (iii) Mothers' primary source of support.

2 c) Conflict in relationships

Evidence of marked hostility or disagreement was taken as an early indication of stress arising from a particular relationship. Conflict within relationships is likely to be a good indication that the potential for support in a social contact is not being fulfilled. The problem of conflict is also likely to be made more acute by limitations in the number of support options available to the mothers so that mothers with fewer options are likely to be more vulnerable to the effects of stress within their existing relationships. Conflict was assumed to exist in relationships in which mothers reported either overt violence or abuse or chronic disagreement. Relationships which mothers described negatively but where there was little current social contact, for example mothers' relationships with absent fathers, were not included in this definition which was intended to cover relationships most likely to induce current

social stress. The severity of the conflict was judged by the presence of violence or by the frequency of disagreement and by mothers' reports of the negative effects of the relationship on their sense of well being.

The ex-care mothers experienced more severe conflict in both the relationships which they saw as providing their main source of support (described here as the primary support relationship) and in relationships which provided ancillary support (see Table 4 (iv)). Seven of the ex-care mothers reported severe conflict in their primary support relationship as opposed to only 2 of the stable mothers. All of these 7 had either no secondary source of support, or had experienced severe conflict within their secondary source of support.

Main source of support				Secondary source of support			
Conflicted		Unconflicted		Conflicted		Unconflicted	
Stable	Ex-care	Stable	Ex-care	Stable	Ex-care	Stable	Ex-care
2	8	13	2	1	5	14	1

Table 4 (iv) Conflict and stability in relationships (4 ex-care mothers had no secondary source of support.)

In the stable group only 1 mother had conflict in both primary and secondary support sources. One other mother had conflict in her primary support relationship, but had unconflicted support from other sources. The incidence of conflict in the ex-care mothers' primary support relationships may in part be attributable to the fact that they were less likely to be in a stable sexual relationship than stable mothers. There were more lone parents and there was more instability in sexual relationships within this group, so that sexual partners, even when available, were not always reliable sources of support. Two of the mothers in this group were in long established sexual relationships which although described as providing their main

source of support were characterized by their partner's violence and unreliability. The ex-care mothers' relationships with their own mothers and with their extended family were similarly conflicted.

2 d) The nature and function of personal relationships.

The interview data were next analysed in order to assess the function of the various types of support relationships in the mothers' lives using the support behaviours identified in the Arizona Social Support Interview Schedule (ASSIS, Barrera *et al* 1981). The ASSIS schedule is designed to assess both significant members of the network, and subjective appraisals of the adequacy of support. In this schedule 6 support *functions* were identified based on a review of previous research findings:

- 1) Material Aid. The provision of financial help or of gifts in kind.
- 2) Physical Assistance. Sharing of tasks, relieving stress through sharing work.
- 3) Intimate Interaction. Interacting in a non-directive manner such that feelings and personal concerns are expressed.
- 4) Guidance. Offering advice and guidance (either professional or lay advice).
- 5) Feedback. Providing individuals with information about themselves.
- 6) Social Participation. Providing the individual with the opportunity to make social contacts which may in turn lead to relationships which can provide some of the above sources of support (for example introducing mothers to local voluntary groups).

These 6 functions can be seen to have direct relevance to the experience of parenting once it is understood to take place in a social as well as a relational context. Mothers are in need of adequate physical *and* emotional resources in order to parent effectively. In addition to an adequate social environment they will need physical assistance in order to cope with the work of parenting and guidance in

assimilating aspects of the parenting task. In coming to terms with the relational stresses brought about by the transition to parenthood they are also likely to need both intimate support and re-assurance from their contacts with the wider social network. Throughout this process mothers' perception of the usefulness and acceptability of the various types of intervention will be crucial in determining their efficacy.

The presence of the 6 types of support outlined by ASSIS was assessed by an analysis of the interview data in which mothers' references to supportive interactions pertaining to a particular relationship were identified and then assigned to one of the 6 support categories. For example in looking at relationships with professionals, each mother's references to interactions with any professional were extracted from the data. These were categorized according to the kinds of professional relationship referred to (health visitor, probation officer, et) and the categories were next analysed by the type of interaction for example counselling, health care. Only substantial support was considered as evidence of the presence of a particular type of support. For example, financial support was taken to mean regular contributions to living expenses rather than occasional gifts and physical support was taken to mean a regular contribution to childcare or domestic work. Specific references to particular interactions could be generalized into more quantifiable responses about the support functions which each relationship provided. For example the following extract was taken as evidence of lack of financial support from the spouse.

Martina : "He used to get the money and just spend it on drink. So now I claim in my name. He doesn't like it, but I said to him, "well you keep disappearing and you spend the money and I'm fed up having to borrow off people every time you go. I just can't have it. So I said, "you pay for yourself and I pay for myself" and now he does."

Similarly if a mother reported that there was no mutual discussion with her spouse about the child's welfare, or that she couldn't trust his judgement this was taken as evidence that the relationship provided the mother with no guidance.

In addition to looking at support functions mothers' perceptions of the transactions both with individuals and with professionals as a group were analysed by looking at whether responses to the various interventions were positive or negative, that is whether the mothers themselves perceived particular transactions and particular relationships as supportive or stressful. Evidence of marked hostility or disagreement was taken as an early indication of stress arising from a particular relationship. Finally an assessment was made of whether the overall support which mothers derived from their social network was likely to meet their support needs looking at the balance of stress and support in the women's lives.

Source of Support	Type of Support											
	Financial		Physical		Social		Feedback		Intimate		Guidance	
	St	Ex	St	Ex	St	Ex	St	Ex	St	Ex	St	Ex
Sexual Partner	12	2	14	5	14	4	14	4	13	4	8	0
Mother	0	2	6	5	2	4	12	4	6	4	7	0
Friends	0	2	2	2	15	0	5	6	5	4	2	5
In laws	0	1	1	4	0	1	4	4	0	0	0	2
Extended family	0	2	7	4	5	3	5	3	4	3	2	2
Professional	0	4	0	4	0	0	1	1	1	1	15	6

Table 4 (v) Mothers' social network by support function.

St=Stable Ex= Ex-care

The support functions provided by each of the relationships in the mothers' social network are shown in Table 4 (v) above. These relationships and the types of support they offer are dealt with in sequence in section 2 d i-vi below. The table

shows that particular relationships tended to be associated with particular forms of support. Mothers, for example tended to provide physical rather than financial or social support, while professionals tended to provide guidance rather than intimate or financial support. Thus different parts of the support network seemed to perform fairly distinct though overlapping support functions. The exception to this was the relationship with the spouse or sexual partner who in many cases provided all 6 forms of support. Guidance was the only area in which the sexual partner provided significantly less support. However it is not possible to conclude from this that all spouses were effective providers of support. Support behaviours cannot be taken to be synonymous with the *experience* of support, since stress and support are likely to be confounded within personal relationships. For example, although the table shows that many spouses provided support for many women in all 6 areas of support this dependence on the spouse for social support also co-existed with a degree of conflict in the sexual relationship (see table 4 iv). Thus the ability of members of the mothers' social network to fulfil specific support functions was not necessarily evidence of lack of stress in the relationship. The analysis of support by function cannot tell us whether the support provided was either sufficient, acceptable, or in itself stressful. Receiving guidance, for example, may not be experienced as an unequivocally supportive action. Similarly financial dependence is likely to carry with it negative consequences. As table 4 (v) shows, not all co-habiting mothers received all 6 kind of support from their spouse (5, for example received no financial support). Indeed some appeared to derive little support from their sexual relationships. Thus in order to assess the quality of the support which can be derived from a relationship it is necessary to understand more about the experience of *being* supported and the way in which support functions mesh within particular relationships.

2 d i) The spouse or sexual partner.

a) Stable Mothers

Table 4 (v) shows that the spouse or sexual partner was not only perceived to be the most important source of support for the stable mothers, but that in most cases they made a contribution in all 6 areas of support. Twelve out of 15 mothers relied on their spouse or co-habitee for financial support. Of the rest, 1 was a lone parent and 2 of the mothers were the main bread-winners for the household.

All the co-habiting mothers had partners who gave them *some* practical support although, as the diary material has shown (Chapter 3), their contribution was often severely limited. Spouses were also perceived as an important source of intimate support and personal feedback, and were for many mothers the focus of both their social and emotional lives. Just over half of the stable mothers used their partners as a source of guidance on child-care matters. These were typically mothers who placed a high value on co-parenting. About half also said that they had learned their parenting skills together with their spouse.

Denise (stable): 'We neither of us had had much experience with babies. I had never changed a nappy before or anything. When we came to take her home from hospital, they give you a list of everything you have to have, like a vest and a nightie, and we just couldn't even get it on her. You know those little vests, we couldn't even dress her so we just wrapped her in a blanket and ran out of the place.'

The importance of the sexual relationship needs to be understood in the context of cultural prescriptions of normal parenthood in which the nuclear family is seen as the ideal parenting unit. These prescriptions ascribe to parents different but complementary sexual roles allotting to the father the task of financial provider and head of household, and to the mother the role of primary caretaker and home maker (Barett and McIntosh, 1982).

Although the sexual relationship was described as the most supportive by all the co-habiting mothers, it operated between severely prescribed ideological and

practical limits which defined the extent and the nature of the support which was offered. The father's role in parenting was seen as secondary to that of the mother who retained overall responsibility.

Denise (stable) : "I do most of the planning as far as she was concerned, like it's me who decides when she gets fed and all those sorts of things. Unless it's obvious that her nappy needs changing, I'll say he wouldn't necessarily do it. I sort of do, I make the rules and decide what she needs to do."

Fathers could therefore choose the extent and nature of their involvement, and as the diary data has shown they often opted for the minimum input. In addition, mothers were often required to support their partners over the transition to parenthood; about 50% of the stable mothers reported that their spouses had difficulties in coming to terms with fatherhood.

Kathy (stable): "There was a lot of stress, because I had problems with Stuart; well -towards the end. He threw a wobbly about becoming a Dad. He suddenly decided he didn't want to - but it didn't affect me health wise.....He didn't speak for a couple of months and I'd be sitting waiting for him coming home from work and he'd go off for a long walk somewhere and he wouldn't turn up till midnight that type of thing- and not talk about anything."

This central 'support' relationship was therefore problematic in many ways, and could create as well as alleviate stress.

b) The ex-care mothers.

For ex-care mothers in stable supportive co-habitations, that is, relationships which were of 6 months uninterrupted duration and which were not characterised by violence or marked conflict, the spouse was also perceived as the main source of support. In the absence of strong family ties a good relationship with the spouse could be vital to their sense of well being .

Cherie (ex-care) : "I wouldn't have been able to survive . Not if there had been no-body there. You can't relate to a baby, you can't sit there and tell a baby. A baby can't give you a hug and make you feel better. If I didn't have Martin I think I would have killed myself. I really do."

However for the ex-care group a stable, supportive sexual relationship was not the norm. Only 3 out of 10 were in a stable supportive co-habitation at the time of interview. Only 2 received financial support from their partner. This was largely due to the number of mothers either not cohabiting or in receipt of state benefits in their own right.

Five of the mothers received no physical support from their sexual partner. Only when boyfriends were co-habiting did they participate in child-care or domestic work. The ex-care mothers were also low on social participation and mutual interests. For example, only 4 of the mothers said that they had participated in social activities outside the home with their partner. The ex-care mothers also reported that their sexual relationships tended to be less intimate, with less opportunity for mutual support and feedback than those of the stable mothers. Eight out of 10 were deeply dissatisfied with their sexual relationships, compared with only 3 of the stable group. Their dissatisfaction centred upon the lack of intimacy and feedback.

Marie (ex-care): "He never used to talk to me anyway. I got used to it. I just got used to it. Like he'd visit me at my Mum's when I had Marcus and he'd ask my Mum if he could do something with Marcus rather than ask me and I'd be sat in the same room."

Their expectations of support were low. Men were seen (realistically in many cases) as a luxury, a further drain on their already depleted resources. Some felt the need to provide a nominal father for their child without expecting the support which the stable mothers received.

Sharon (ex-care): "But really now I only want him for Raphael's sake, and the sake of this baby. Just to be their real father there. That's all I want. But I just want them to have their real father. Because I know what it's like."

Four of the ex-care group were involved with male partners who were physically abusive towards them, and for most of this group violence was built into their

expectations of male behaviour. For these mothers, their sexual relationships were a major source of stress in which they feared for their own and for their child's safety. Only those in stable co-habitations (3) shared the stable mothers' view of the sexual relationship as the main support relationship. None of the ex-care mothers used their partners for guidance. Roles were either strictly segregated, or so fraught with conflict as to make such an appeal inappropriate.

Belinda (ex-care): "He lost his temper and went to hit me, and I moved and the baby fell out of my hands onto the padded quilt, so it was alright. It bruised him down."

Martina (ex-care): "She's on a care supervision because when she was 6 weeks old he was chasing me and I ran out the door and as I went through he grabbed me back and she banged her head and she got a bruise."

2 d ii) Mothers

a) Stable mothers

While spouses were the preferred intimate source of support, the women's mothers (when they lived nearby) were used for practical assistance and guidance and acted as a buffer against stress in the relationship with the sexual partner. However, their support was seen as secondary to that of the sexual partner even by those few women who enjoyed close and intimate relationships with their own mothers. Only 5 women had their mothers living within a 50 mile radius. Of these, 2 had close but conflicted relationships, and 3 had good and close ties. None of the mothers used their own mothers as a source of financial support, nor were they significant in linking the women to the wider social network. Less than a third of the mothers saw themselves as having close relationships with their mothers. For almost all, the nuclear family and not the extended family was the main focus of meaning and support. The women, though welcoming maternal support, placed limitations on the extent and intimacy of the intrusion. For example, only 2 of their mothers came to stay in the household after the child's birth. Grandmothers were

perceived to be most helpful when they offered advice and support without assuming control, thus preserving the mother's sense of competence.

Marian (stable): "She doesn't interfere with what I am doing, she won't say, "don't do it like that ". She would say something to help me, but not critical. She was never like that. I know some people have problems ."

Those who saw their own mothers frequently derived both practical and emotional support from them. Two used their mothers as child minders while they worked part-time.

Marian (stable, working nights): "Yeah. she picks him up about nine o'clock and then I go to bed. Sometimes I get up at two if I'm going to take him to the clinic, but that's not so often now, otherwise I stay in bed till about half past four, and then I ring her up at about half past four and usually I go there and she cooks the tea so I don't have to worry about that."

Both the quality of the relationship and proximity appeared to be what made this relationship useful and rewarding. However even these warm and close relationships were not without problems.

Paula (stable): "My Mum, she was helpful but she's always getting Dr. Spock's book out and reading relevant chapters. And she's always saying, "you were always good." I mean I like her. But when she came round and I was just with him on my own, I practically threw the baby at her, you know I said, "here you are, if you think it's so damn wonderful having a baby".

Many stable mothers whose mothers were not nearby felt the loss of their support

Deidre (stable): "I only had my husband, no knowledgeable female. My mother would have come, but Ken couldn't have faced that."

A number, however, felt out of tune with their mothers' philosophy and these emphasised their mothers' practical rather than emotional support

Fiona (stable): "Um ,she's practically very, very supportive, like with the baby. She fits in the mother role rather than a friend. An archetypal mother."

Gwen: "She'd come if I needed her, but emotionally I wouldn't turn to her."

b)The ex-care mothers.

The ex-care mothers had either non-existent or problematic ties with their own mothers, as had the only lone parent amongst the stable group. For them, contacts with their mothers were at best distant and full of remembered bitterness and at worst a source of continuing stress.

Cherie (ex-care): "If my mother had the choice she would have taken me to court to have a bloody abortion."

Four ex-care mothers had had no support at all from their own mother during the year before the interview. Two had mothers who were dead, 1 was prevented from contacting her family by her violent husband, and 1 had a psychotic mother whom she avoided whenever possible. Six received limited support around the time of the birth but only 2 were in regular contact with their mother in spite of the fact that 4 lived nearby. Only 1 ex-care mother reported that she derived continuing support from her mother in the form of both practical and emotional support. Even this relationship was not without conflict.

Marie (ex-care): "Because my Mum always helped me if I needed anything. You just have to go up there. We just help each other. I had him (the child) for about four months when I was living with her, and we just used to argue all the time. She used to help me though."

For some, the mother / daughter roles were reversed as they were called upon to support their mothers.

Angela (ex-care): "She rang up yesterday and asked to speak to me, and we're going to have to go to see her on Saturday. If I don't go, I get suicide calls at two or three o'clock in the morning."

Cherie (ex-care): "My mother makes a lousy mother. She'll admit it herself. She says now she was one of these people who was never meant to have children. Even now my Mum has still got a very big hold on me. My father works in Saudi Arabia and comes back every three months for two weeks. And when we were on the phone she used to be on the phone every night in tears, "I can't cope, I can't manage." The times I've had to get money off a neighbour to get down there ."

Since only 3 of these mothers were in a supportive sexual relationship, this mother-loss robbed them of an important secondary source of support. Perhaps more acute than the loss of practical support was the loss of intimate support and of feedback about themselves. While 11 stable mothers had mothers who lived at a distance, none were so absolutely deprived of maternal assistance. All derived some support from their contact, even if it was only in terms of positive feedback about themselves and guidance in child-care matters.

2 d iii) Extended family.

The extended family was a source of practical help to 7 of the stable and 4 of the ex-care mothers. Stable mothers who had close maternal ties also tended to have extensive extended family support. The child's grandparents and the mothers' sister were the most commonly cited family members. Intimate support was given to 2 mothers by their sisters, and this was always combined with practical help.

Anne (stable): "My sister came, I went to my other sister when she had hers. He (Anne's baby) was a week late any way, it worked out really well because if he had been on time her children would have been at school, and she wouldn't have been able to get the week off. She's my big sister, and we get on so well, it's not as if there was any age difference at all really."

The child's grandmothers tended to help with child care. The child's grandfathers however, usually confined themselves to traditional male tasks and any contribution to childcare was seen as exceptional.

Marian (stable): "He keeps out of the other things, but he likes to sort of play with him, he's really good with him, he's sort of doting on him."

Extended family links were not the norm for the stable mothers. In all cases where the woman's own mother lived at a distance, the extended family members did also. Close affective links might be maintained, but practical support was not possible. Mothers in this situation expressed a certain ambivalence towards the benefits of close extended family ties.

Deidre (stable): "I suppose ideally you would have an extended family. You would have Aunts and Uncles and Grandparents to give advice and have the child for a couple of hours.....It was probably a real tie in the past anyway, because you probably had to conform to the extended family's rules and regulations. Or really dogmatic advice."

These mothers emphasised the importance of nuclear family ties.

Marian(stable): "Yeah, I said to Chris I just wanted to come home and just be us three on our own for a while. Just so that we would get used to each other."

The ex-care mothers had much more conflicted and chaotic ties with their extended family.

Di(ex-care): "My Mum hates my Dad, and she tries to make me hate him as well but I won't. I don't know why. My sister hates my Dad as well. My Grandmother, we were sort of separated. And my Grandmother didn't like my step mother, and my step mother didn't like my Gran because she resented my Mum, and I was piggy in the middle of both sides."

Their earliest experiences were so negative that to renew these ties was often a source of pain .

Di (ex-care): "I cannot forgive my step-mum because she was the one who treated me like a leper. My Dad never treated me like a leper. All I wanted as a kid was love and affection, not to be treated like some leper."

Sharon (ex-care): "I really can't remember being beaten up by him but my Mum tells me he used to beat me senseless."

A few retained an affiliation with one family member, often a grandparent who had been a consistent source of support and identification.

Rachel (ex-care): "Well, my Mum died when I was eleven, and my Dad, he works all the time so I don't see him. My Grandma -- she does her best."

To lose this source of support may be devastating

Cherie (ex-care): "My Grandmother was the closest person to me. When she was ill I used to go to stay with her and help her. My Grandfather had only died a couple of months before. I was devastated. I couldn't believe it."

Many ex-care mother saw their families as a source of stress rather than of support, and dealt with this by keeping their contacts to a minimum.

Paulette (ex-care): "There's loads of things that I don't talk to my family about. Like going to court, I really worry about it, but I don't tell them. They would just say, "You shouldn't be bad", but they don't realise. It's their fault why I'm like this."

2 d iv) In-laws.

For stable mothers, in-laws played a negligible part in their support network. Only 1 offered physical and none offered financial or social support or guidance. When mothers mentioned feedback from in-laws this was almost always perceived to be negative.

Gwen (stable): "Well Karl was an only son, so it's still like, they've still got all the anxieties about children, and if he was crying it's, "what's the matter with him?" I don't know, his Mum was very undermining when she visited. It's like she's the better mother and all that sort of thing, "you go out we'll look after him"

Perhaps because of their fragmented family ties, in-laws were an important source of support for some of the ex-care mothers. For those with stable relationships with the sexual partner the husband's or boyfriend's family could sometimes partly fill the gap left in their own family networks.

Rachel (ex-care): "I stayed at his Mum's for a week. She is quite good. I leave her with her Nan at the weekends. On Friday night I go down the pub and I go and pick her up."

However, where relationships were already strained, the boyfriend's parents could be an additional source of stress.

Di (ex-care): "It's my child. She treats it like her child. She goes into a pub and everybody thinks it's her child and leaves me out. I'm his mother. I'm proud of my son. She's threatening me. I won't let her touch him."

Only 2 of the ex-care mothers were fortunate enough to find themselves accepted by their boyfriends' families. For the rest either their relationships were too brittle, or the families they aligned themselves with were too unstable to afford any real support.

2 dv) Friends

Friends were an extremely important means of social interaction for both the stable and the ex-care group. However, almost all the mothers commented on the limitations which the child's birth had placed upon their social life.

Anne (stable): "I mean Sean still goes out for a drink in the evening with his friends. I don't do anything that I used to do. I used to play squash and do aerobics and all sorts but I don't do anything any more."

Only 2 stable mothers had received practical help from friends (in the form of child care). Less than a third had intimate friendships which could offer the kind of support which might have acted as a buffer to conflict in the primary relationship. Mothers were often reluctant to confide in friends about the negative side of parenting, although when they did so the relief could be enormous.

Kathy (stable): "Vera was asking me what it was like when you have to go back to work full time -so I thought well alright then I'll tell her and I was half way through telling her and I got one of me crying fits and she said, "O my God!" and got me a cup of tea. I told her and she told Sue and the next thing I knew they were both saying, "we've been feeling awful". They hadn't told each other either and then the 3 of us felt better because we thought we're not alone, and they said, "next time you're up at two in the morning give me a ring".

Because of their fragmented family ties, friends were sometimes the sole source of support for the ex-care mothers. Those in stable co-habitations (3) had very similar friendship networks to those of the stable mothers, but for the majority friends were used to provide practical, intimate *and* social support and were often a last line of defence when other sources of support had failed.

Martina (ex-care): "We sort of all know and help each other. We meet up round friends' houses and things. Because we've all had children we all have parties where kids go as well and we just meet up. We have parties round each other's houses and we've all got kids see. They all accept it. We just take em round each other's houses and let em run riot."

Because of their limited options these mothers have to rely on make-shift arrangements in emergencies.

Marie (ex-care): "Well, my friend looked after him when I was ill. She took him down to her place. That was alright. She only came in the afternoons, my little brother was here in the morning so he looked after him, all I did was just feed him and change him, he just kept playing with him."

Sharon (ex-care): "Oh God, because I was in bed and breakfast right, this girl moved in and she was pregnant as well. She used to come in my room quite a lot and then when I was in labour she was there, she was with me at the birth as well. She came to the hospital with me. I'd only known her for about three weeks. That was really bad. That was the only person I had."

As Collins and Pancoast (1976) have noted, 'natural helpers' are generally those who are free from 'drain' themselves. However, the ex-care group often had friends in similar difficult circumstances, whose ability to offer support was limited by their own need to receive it. As Belle (1982) and Sharpe (1981) have shown, the most hard pressed low income mothers are forced to rely on each other in order to survive, thus putting additional strain on their diminished resources.

Marie (ex-care): "My friend comes round here a lot with her little boy.... I go shopping and by half way through the week my food's gone. I have to go to my Mum's. But I only do it for her little boy, because I can't see a little kid starving."

2 dvi) Professional relationships

There were marked differences in the ways in which the 2 groups made use of professional support. The stable mothers almost all used medical professionals as a source of information and guidance although they might be selective in the way they applied that advice. The ex-care group were less inclined to attend clinics both before and after the birth and were much more sceptical of professional advice relying heavily on mothers, friends and members of the extended family. Some felt that they themselves always knew best. Health visitors were mainly found to be useful in helping mothers to deal with practical child management problems, although they were also called upon to counsel mothers with post natal depression, to give advice on benefits, to support mothers in unsatisfactory housing, and to link

more isolated mothers into their local community (see table 4 (vi)). Intimate professional relationships were not seen as appropriate by stable mothers, all of whom had alternative sources of support. Only 1 (depressed) mother used her health visitor as a source of intimate support, and this relationship was contained within professional parameters.

Type of advice sought	Number of mothers
Rejection of the child	2 (ex-care)
Post natal depression.	4 (2 ex-care, 2 stable)
Difficult birth	1 (stable)
Sleep problems in the child	1 (stable)
Emotional support in violent relationship	1 (ex-care)
Coming to terms with the child's disability	1 (ex-care)

Table 4 (vi) Counselling and support (health visitor).

While none of the stable group had had contacts with statutory social services within the previous year, 7 of the 10 ex-care mothers had had social work contact and 4 had received active social work support. For many, the focus of the support was the protection of the child. Three had a child who had at one time been in care or placed on the child protection register, and 1 of these had gone through protracted wardship proceedings with her first child. In addition, 2 appeared to have been given support as a preventive measure to keep their child from being admitted to care (see table 4 (vii)). Only those (3) mothers who were in situations where they believed that the primary focus was upon helping them to cope with a difficult situation rather than monitoring their parenting ability were positive about their social work support. The rest valued the practical help, but mistrusted the relationship and feared it's consequences.

potential conflict in their existing network. Instead, as tables 4 (ii) and 4 (iv) show, ex-care mothers are thrown back upon limited, conflicted networks.

Type of Support Given	No of Mothers
Support in violent relationship	1
Child on protection index/ in care	1
Child ward of court	1
Monitoring suspected child abuse	4
Medical Social Work	1
Probation	1
<u>No social work involvement since child's birth</u>	<u>4</u>

Table 4 (vii) Social work support

(Some mothers appear in more than one category)

They are to be found in problematic sexual relationships which may offer little or no support (4 of the group were in or had recently emerged from violent relationships, and only 3 were in stable relationships). Their extended family, to whom they might look as an alternative source of support, are likely to be the very people who abused or rejected them as children. For example, 3 mothers still had contact with step-parents or parents who had physically abused them and 1 had contact with the step parent who had sexually abused her. Where no abuse had been established, ex-care mothers still had to come to terms with their parent's (usually their mother's) decision to put them into care. It may not be helpful to think of these contacts in terms of a network of *support* at all, but rather in terms of an additional burden upon these mothers who are still struggling to come to terms with these relationships at the same time as establishing their relationship with their new baby.

2 e) Changes in social ties since the child's birth

Changes in social ties since the child's birth are likely to be closely related to the child's age and to the quality of the existing social network. While social contacts after the birth were frequently disrupted either because of lack of time or because of changes in work patterns, mothers were actively engaged in repairing severed social ties. Three mothers, (those who had close relationships with their own mothers), were able to fill the gaps in their social network with increased contact with their own mothers or extended family. This was not an option for the majority of mothers who either did not have a close relationship with their family or who lived at a distance from them. For most of the mothers, apart from an increase in activity around the time of the birth there was little increase in family contact.

While many mothers made strenuous efforts to maintain existing friendship ties some mothers had successfully forged *new* ties. Four mothers had formed new sexual relationships since their child's birth. Three appeared to have made the initial contact through friends and one through her husband. For mothers who were not in paid work, or who worked part time, voluntary groups like mother and toddler groups and a new parent network were an important source of social contact, although few had formed strong friendships ties from these groups. For a small number of mothers these groups were an important source of support, which could replace disrupted friendship ties. The 3 mothers who joined the new parent network all felt that it provided both emotional support and friendship.

Researcher : "Did you have real, original friends who had children, or were they all doing something different?"

Deidre : "No. I didn't. Acquaintances.. I had people I didn't see very often. That was one reason for joining the new parent network, because I didn't very often see people with childrenI think that was probably the best thing, because other people have got similar experiences, and you sit round and say how awful your children are."

Researcher : "They were that kind of group that you could talk about feeling bad ?"

Deidre : "Yes. Not all of them. One or two would. I had particular friends who would and that was a great comfort."

Claire : "I've been going to the coffee mornings. I enjoy that. .. It tends to be the same people who I know anyway from mothers and toddlers... and others who I know now but I didn't know previously. I've met a lot of people through that."

Some of the women were less active in forming new ties. For those with good friendship and family support this could be attributed to satisfaction with existing contacts. However, it was most often women with low levels of social support who formed the fewest new ties. Here social stress appeared to compound lack of social support. Kathy for example, was both depressed and overworked and this was likely to have been a contributory factor to her inability to form new contacts. None of the 9 ex-care mothers who had low levels of social support and high stress, had joined mother and toddler or new parent groups.

Sharon : "I feel like I would be out of place. I think there is a mother and toddler group somewhere round here, but I reckon if I walked in there they would probably think that... They would probably be in their thirties or something. I would probably be the youngest."

These mothers were cut off from many previous ties, and tended to rely on casual social contacts in their place of residence. These relationships could be both claustrophobic and conflicted.

Sharon: "All the flats here that are not opposite each other, they are all joined on. If you hate your neighbour it's really bad. There was a time when I wasn't getting on with her, and every time she went in her kitchen she used to slam the door behind her and slam her pans about and slam her cutlery about and I used to do it as well. It was stupid know what I mean?"

Angela: "They used to walk in use my phone and go off again. I used to let them, because I used to feel that feeble and that weak."

Three of these women had formed new sexual relationships since the child's birth. While for one mother this had led to a significant increase in her social network and enhanced social opportunities, the reliance on the sexual relationships in the absence of other close ties tended to increase the mothers' vulnerability and dependence. This fact may explain some mothers' apparent willingness to endure unsupportive or violent sexual relationships.

2 f) Summary

The disruption in social ties which follows the first birth makes mothers increasingly dependent on existing intimate relationships which form a central cluster from which other ties radiate (Veroff and Feld, 1970). For mothers in stable relationships the spouse was invariably described as the main source of support, providing both emotional and economic support. However, the support on offer from this relationship appeared to be limited and circumscribed by sex role ideology and a certain amount of paternal self interest. Even for stable mothers who have stable sexual relationships which can be buffered by alternative sources of support, motherhood can be a stressful and isolating experience. The retrenchment in social ties around the time of the birth is compounded by the work and inherent stress of parenting making it difficult for mothers to establish adequate support relationships. Less than a quarter of co-habiting mothers had close and intimate family ties which could act as a buffer against conflict in the primary relationship. The rest relied on a friendship network which had contracted with the child's birth, and in which only a few found intimate support and fewer still practical help and guidance. For the ex-care mothers these problems were compounded by their existing social and relational disadvantages. These mothers often had conflict in both their primary and secondary support relationships. They were young mothers (only 1 was over 20), living in highly stressed social and economic circumstances, whose relationships

with men were frequently violent and almost always stressful and whose family relationships were riven with conflict. Such mothers sought help amongst their peer group who were in similar circumstances and who were ill equipped to help them. They had uncertain relationships with professional caregivers whom they feared yet needed. Ultimately, this group were forced to rely on themselves, attempting to draw upon inner resources already depleted by their early experiences. Thus, those mothers who were most in need of support appeared to be able to derive little effective support either from their formal or informal social network.

As chapter 3 has shown, for all mothers, parenting carries with it certain costs terms of fatigue, stress and loss of personal freedom. Most mothers are able to spread the burden of support among their existing social network, although the primacy given to the role of mother means that the support is offered within culturally defined limits, and the burden of responsibility remains with the mother. For a few mothers, often those who because of their early experience are most vulnerable to the effects of stress, even this limited support was not available. These mothers and their children were vulnerable to the effects of parenting in isolation, which can take their toll in depression, illness and impaired relationships between mother and child.

So far this chapter and the preceding chapter have examined the some of the major sources of stress and support in the lives of the mothers in the sample treating these as discrete variables. However, it is also important to examine the way in which stress and support are *integrated* within mothers' experience, and thus contribute to the mothers' overall perception of the quality of the parenting experience. To do this it is necessary to begin to look at the interaction between stress and support.

assumed to be stress factors for this analysis (although they may be stressful) while a physical handicap or an illness requiring hospitalisation is.

Support was defined in terms of the presence or absence of elements in the social situation of the mother , covering 6 main areas: 1. Stable relationship. 2 Maternal support 3. Friendship network. 4. Professional support. 5. Extended family support. 6 Practical Support. (see Appendix a for a breakdown of the way in which social networks and social support was investigated and Appendix b for a detailed definition of stress and support factors). Because there were wide variations in ages of children at the time of interview particularly among the ex-care mothers, these factors were assessed at 4 months after the child's birth (or at the time of interview if the child was less than 4 months old) in order to gauge mothers' experience of stress and support in the early months. Thus in the analysis it was important to distinguish between mothers' reports of their experiences at the time of interview and their experiences in the early months of their child's life.

3 b) Scoring mothers on the Stress / Support Index.

High stress or high support was defined as the presence of 4 or more of these factors, moderate stress or support as the presence of 2-4 factors, and low stress or support as the presence of 0-2 factors. From this assessment mothers were assigned a score on the stress / support index which reflected the relationship between their experiences of stress and support 0 represented equilibrium, a negative score reflected an imbalance towards stress, and a positive score an imbalance towards support.

Name	Stress factors	Support factors	Score	Rating
Stable mothers				
Claire	c=1	o,p,q=3	+2	Low stress,mod support.
Paula	0	o,p,q,s,t =5	+5	Low stress, high support.
Eve	a, b = 2	o,q,t=3	+1	Low stress, modsupport
Denise	0	o,q=2	+2	Low stress, modsupport
Kathy	d,g,j,h,i =5	o,q= 2	-3	High stress, low support.
Tess	a, b =2	o,p,q,s =4	+2	Mod stress,high support
Judi	a,b,d k,h =5	o,s = 2	-3	High stress,mod support
Kim	a,b,h,k,m,n=6	s =1	-5	High stress, low support
Jane	0.	o,q,t =3	+3	Low stress,mod support
Mary	c,h = 2	o,q,t =3	+1	Low stress,mod support
Anne	c,f,g = 3	o, q,s.5 = 2.5	-.5	Mod stress, mod support
Deirdre	a,j,g,i =4	o, q,s =2.5	-1.5	High stress,mod support.
Marian	i = 1.	o,p q,s,t =5	+4	Low stress, high support
Fiona	f,g =2	o, q , t=3	+1	Mod stress,mod support
Gwen	f,i =2	o, q,t = 3	+1	Low stress, low support
Ex-care mothers				
Cherie	a,b,e,n =4	o,r,t =3	-1	High stress mod support
Martina	a,c,d,e,j,k,l,n = 8	p,q = 2.	-6.	High stress low support
Paulette	a,d,k,m,n=5	0	-5	High stress low support
Angela	a,b,d,k,n,=5	r=1	-4	High stress low support
Tracey	a,b,e,j,k,l,n=7	s,t =2	-5	High stress low support
Sharon	a, b,j, n =4	0	-4	High stress low support
Diana	a,b,f j,k ,l m n =8	s,t.5=1.5	-6.5	High stress, low support.
Belinda	a,d,h,l,j k,m,n = 8	r =1	-7	High stress, low support
Marie	a,b,n =3	p,s =2	-1.	Mod stress,low support
Rachel	a,b,d,f,j,m,n=7	o,s2	-5	High stress low support

Table 4 (viii) Scores for all mothers on stress and support index

Stress factors	Support factors
a = Low income	o = Stable sexual relationship
b = Housing	p = Maternal
c = Pregnancy	q = friendship
d = Ill health in the mother	r = Professional
e = Ill health in the child	s = Extended family
f = Traumatic birth	t = Practical
g = Excessive workload	
h = Child management problems	
i = Value conflict	
j = Conflict in sexual relationship	
k = Interpersonal conflict	
l = Violent relationship	
m = Unwanted child	
n = Disrupted background	

As table 4 (viii) above shows, there were marked differences in the stress and support experiences of the stable and of the ex-care mothers. Only 2 of the 15 stable mothers were in the high stress, low support group. Only 1 had more than 6 stress factors. The gap between stress and support was considerably less than in the ex-care group, with minus 5 the lowest overall score for stable mothers. Eleven of the stable mothers had positive scores in contrast with the ex-care group where none had a positive score. All but 1 of the ex-care group came into the high stress, low support category (the discrepancy between stress and support ranged from -7 to -1). Of these, 5 could be said to be suffering acute stress (6 or more stress factors), and 3 had a discrepancy of 6 or more between their experience of stress and support. All but 1 of the ex-care group experienced high stress and none had more than moderate support. This was an extremely worrying result in view of the evidence that adverse early experience impairs the individual's ability to deal with subsequent stress (Rutter, 1984) and the association between high levels of social stress and child abuse (Cooper, 1978; Gelles, 1982).

A negative overall stress / support score was manifested in a number of stress related outcomes at the time of interview(see Table 4 (ix)). It was notable that the incidence of reported depression and bonding difficulties occurred solely within the high stress, low support group and that these problems were most marked where the discrepancy between stress and support was greatest. This was not to say that the other mothers did not experience stress, but simply that the manifestations of stress were less dramatic. Seven mothers in the sample were self-identified as suffering from depression. Four had been treated with drugs (2 stable, 2 ex-care) and 1 (stable) mother had referred herself to the Samaritans. All of these mothers were in high stress situations, with scores on the index ranging from -3 to -6. Three (ex-care) mothers had bonding difficulties. In addition 2 children of the ex-care mothers were on the child protection register (their mothers had stress support scores of -6 and -7). In addition 2 mothers who had not current manifestations of stress, Cherie and Angela had experienced considerable difficulties around the time of their children's birth. (Angela had suffered from depression, and Cherie's child had been made a ward of court)

The stress which the ex-care mothers experienced comprised social-structural, health and relationship factors, with the emphasis on social-structural stress, while the stable mothers experienced relatively low levels of social-structural stress. For example, 9 out of 10 ex-care mothers had both low income and housing problems as opposed to only 4 out of the 15 stable mothers. The most common stressor for the stable mothers was child management problems (5 mothers).

Score	Mothers	Stress-Related Outcome / behaviour
Stable group		
minus 5	Kim	Depression, child management problem
minus 3	a) Kathy	a) Depression
	b) Judi	b) Depression
minus 1.5	Deirdre	None
Ex-care group		
minus 7	Belinda	Difficulties in bonding, child on protection register, developmental lag.
minus 6 to 7	a) Martina	a) Bonding difficulties, child on child protection register, failure to thrive, mother eating disorder .
	b) Diana	b) Depression, bonding difficulties .
minus 4 to 5	a) Rachel	a) Depression
	b) Paulette	b) Depression
	c) Tracey	c) None
minus 3 to 4	a) Angela	a) None
	b) Sharon	b) None
minus 1 to 2	a) Cherie	a) None
	b) Marie	b) None

Table 4 (ix) Current manifestations of stress among mothers with negative scores on the stress/support index

The overall score on the index appears to be a far better predictor of difficulties in parenting than stress or support measures alone. High stress was a better predictor of difficulty than low support, but not surprisingly the relative balance of both elements was an extremely good indicator of problems in parenting. For example, those mothers who were chronically depressed all had negative stress / support scores and similarly, all those who had reported bonding difficulties and those whose children were currently on the child protection index, had stress / support scores in excess of minus 6 (see table 4 (viii)). The ex-care mothers'

negative scores were partly a reflection of their lower socio-economic status, particularly their low income and housing stress. In addition, only one of the 3 stable mothers who had a negative stress / support score had a spouse in a middle class occupation. Thus social stress and social class were inextricably linked, since social class was likely to predict access to social and economic resources.

The women's accounts also suggested that the social stress associated with housing and income may be disproportionately borne by women who are trapped in stressful housing situations without being able to escape to the work place or the pub.

Tess: "When he's having an off day and he's screaming and theres nothing wrong with him, he just wants attention all the time , and he won't go to sleep in the afternoon and I'm getting really tired sometimes I wish I had another room so that I could shut him in there and let him cry himself to sleep. But being in one room, you've got the traffic outside, you've got him screaming and you're sat there really at the end of your tether."

Judi : "I used to be so happy go lucky and you know me and Eamonn used to be the same, and he still is because he doesn't have to put up with it because he's not here except at weekends. I've just gone so down hill, because I'm so damned depressed,.....The doctor was worried about that. She thought I might have a breakdown because I've got so much pressure on me. Eamonn hasn't because he's out at work all day."

As outlined in Chapter 3, Section 3 there are links between socio-economic status and health which mean that poorer mothers are more likely to have worse health both before and after the birth, to have more difficult births and to have children with health problems than more affluent mothers. Health can thus be seen as a visible manifestation of social and economic stress. These effects were most striking for those mothers who were in the most difficult economic circumstances, that is, mothers who were primarily dependent upon income support. However, mothers who were in paid employment and who lacked the economic resources to buy in alternative childcare or domestic help were likely to work excessive hours which could also take their toll on their health and general well being. This appears

financially dependent. Income and housing are also closely related both to each other and to participation in a stable sexual relationship.

Some of the stress factors can be understood not as independent causes of stress but as the *product* of a high stress low support situation. The mothers' accounts of their experiences underline the way in which health factors can act as barometers of the general experience of stress and support. Judi, for example, described how both her own mental health and her child's physical health were affected by her housing situation and her strained relationships with her own family.

Judi : Patrick.(the child) He's losing weight you see. Because I think, I don't know, the health visitor seems to think that it's due to tension in the house. Because he senses something is not right. Because he's never been like this- he's never not eaten before."

In addition stress and support are likely to be confounded *within* personal relationships. As the analysis has shown, the mothers' most frequent social contact and the one most often designated as primarily supportive may also be a major source of stress. Thus the designation of a relationships as either stressful or supportive is incomplete without an understanding of the dynamics of the relationship. (This is an issue which is addressed in the next chapter).

The concept of social support as an important mediator of social stress does not appear to be borne out by the data. Table 4(x) shows that high stress and low levels of support are most frequently found together (10 mothers). There were no cases in which high stress and high support co-existed. Stress and support appear to be intimately related, so that low levels of stress tended to predict high levels of support, and high stress low support. In addition the effects of stress were often compounded by a lack of support since the failure of members of the mothers' social network to fulfil support expectations could be in itself an additional source of stress.

While high stress and low support is almost always associated with depression or some other adverse psycho-social outcome, high stress and moderate support

can also be associated with adverse psycho social outcomes. In comparing the experiences of the 3 women (Judi, Cherie and Deirdre) who are in high stress moderate support situations where it might be reasonably be supposed that their social support would act as an important mediator of social stress it is possible to make some inferences about the way stress and support interact in the mothers' lives. One of these women (Judi) had acute current manifestations of stress which took the form of depression, panic attacks and health problems in her child. One (Deirdre) appeared to have no current problems, and one, (Cherie) had also no current problems although she had recently had a child removed from the child protection register.

In order to explain these differences it is necessary to look at the kind of support available and the way in which parts of the support network interact with one another. Judi and her husband and child were living in cramped conditions in her parent's home. There was considerable friction between her spouse and her parents who were Judi's main source of support and on whom she depended for both article and emotional support. For Judi the conflict which existed between her two main sources of support appeared to far outweigh the benefits which she could derive from these relationships. This conflict appeared to undermine every aspect of her personal life.

Judi: "I can't handle it. I can't handle all this pressure, because I'm not used to it. You see if I let Patrick in the back room, Eamonn would have a flid. He would go stupid, and I mean that. I'm trying to please everyone but I can't."

Judi's situation can be contrasted with Deidre's in which although there was conflict between Deidre and her spouse over money and childcare, her alternative sources of support (friends and family) appeared to be able to offer strong unconflicted support. Because there was no direct conflict between members of her

social network, she was able to obtain effective support from alternative sources, and was able to limit the stress to one (albeit important) aspect of her life.

Cherie had a strong element of conflict in her alternative sources of support, her family and professional relationships, but she had one strong supportive relationships with her spouse. Again there was no direct conflict between her sources of support so that Cherie like Deirdre was able to obtain effective support from at least one part of her social network.

What appeared to be important in these cases was not the number of social contacts mother had or even the number of contacts which mothers described as supportive, but the presence of conflict *between* members of mothers' support network. Although there was evidence that a close supportive relationship could as in Cherie's case make up for conflict in kinship ties, conflict between parts of the mothers' support network tended to negate their potential for support, not only making it impossible for mothers to gain effective support but actively increasing their stress. This pattern could also be observed in some of the high stress low support mothers, the most extreme example of which was Belinda whose husband actively prevented her from getting support elsewhere.

Belinda: "Of course I used to be trapped in this house, because if he could go anywhere, I used to be trapped in the house, I couldn't go out at all. He wouldn't let me go out. I couldn't even go out to see my Mum, he wouldn't even let me go and see my Mum."

Relational stress, particularly conflict between sources of support could also undermine the support that that had previously been available. Paulette described the contribution that her strained relationships with her family made to the breakdown of her most supportive relationship.

Paulette: "He was ever so nice but my family didn't like him."

Researcher: "Because he was white?"

Paulette : :Yes. He was working and everything , and he used to give me money. It finished. It was my family, they were putting pressure on me. They didn't want him living here with me sort of thing and what if Gabriel started calling him Dad. And all this, so we finished."

Researcher : "Did it put a lot of strain on you ?"

Paulette : "Yeah. It was horrible, because we were just arguing all the time, and it wasn't our fault sort of thing."

All but 1 of the mothers in high stress situations experienced some difficulties in the sexual relationship. For some mothers, particularly those in violent relationships, the relationship appears to have been stressful from the outset and it is difficult to assess the role played by stress in exacerbating inter-personal difficulties. However, for some relationships social and economic stress appeared to play an important part in undermining potentially supportive relationships. Rachel, for example, described the way in which poverty had forced her husband to seek a job abroad in spite of her dependence on him for support and company

Rachel: "I don't really want him to go . He doesn't really want to go, but it 's the money. He'll be working about twelve hours a day out there at about four pounds an hour, so we worked out it would be about a hundred and eighty quid a week."

Stress in other areas of life increased the individual's need for support, and therefore put additional strain on their close relationships. When asked to increase their contribution members of the network might respond by withdrawing their support altogether or by resenting the additional demands made upon them Both responses were likely to increase stress. Mothers in conflicted relationships who were abused by their male partners were likely to bear the brunt of social and economic deprivation as their partners used their power to re-allocate scarce resources in their favour. However for many couples social and economic stress was likely to effect both parties if not equally at least significantly and thus both

were likely to need additional support at a time when they were least able to support one another.

Only one mother who experienced moderate stress also had high levels of compensatory support. Tess had high levels of housing stress and low income but her family relationships and her stable relationship with her spouse appeared to mitigate some though not all of the effects of her stress. At the time of the interview Tess's personal relationships appeared to be only marginally contaminated by the stress she experienced. Her relationship with her own family and with her in-laws remained positive and both sets of families appeared to have sufficient emotional and financial resources to offer substantial assistance.

Tess: "Um I suppose I'm lucky because I've got a large family, and they've supported me all through and they've given me help when I wanted it and they've always been there when I've needed either a baby sitter"

Tess's relationship with her spouse also remained supportive although her account showed that this had suffered some strain due to the couples' social circumstances.

Tess: "It's been very hard on both of us. Living in one room has put a lot of pressure on mine and his relationship, um...not so much before the baby was born because we didn't have him we could go out, we could go into town if we wanted to and some nights during the weekend. But now because we can't go out so much and we're together every evening I mean we can't afford for him to go or for me to go and see my friends during the week, so we're here together and sometimes the tension does really get very high. If we have an argument we can't storm off into another room and shut the door and let everything cool down for an hour or something. We have to sit in here and stew".

When this happened Tess described the way in which both families intervened to actively reduce stress, to allow the couple the space they needed away from each other, and thus to stop the relationship deteriorating. Without this high quality, unconflicted social support network, the couple might have run into severe difficulties or the effects of stress might have impaired Tess' mental or physical health. This

type of alternative unconflicted support was not available to the other high or moderate stress mothers, many of whom had extended families who were themselves living in poverty and under high emotional stress, and who were therefore not in a position to offer support.

Social and economic stress in the previous generation was a good predictor of stress for mothers both from the stable and from the ex-care group since it predicted the ability of members of the extended family to offer effective support. Kim, for example, although from the stable group had social and relational circumstances which were very similar to the ex-care mothers. Her present levels of social and economic stress could be partly attributed to her parents' problems (her mother's alcoholism, and her father's imprisonment) and her family's current inability to offer her the support she needed because of their own lack of social and economic resources.

4 Conclusion

The results of the assessment using the stress and support index show a significant relationship between stress / support scores and stress linked problems in mother and child. Not only did such problems occur solely in mothers with negative stress / support scores, but there was a general relationship between high negative scores and multiple stress related problems (as shown in table 4 (viii)). Clearly, mothers are influenced by the *balance* of stress and support they experience. However, while there is a general relationship between high stress, low support and negative outcomes, the relationship between stress and support is more complex than it at first appeared. The relationship between levels of stress and support suggests that these variables are not only confounded but interact together to compound existing advantage or disadvantage. High and moderate levels of stress appeared to undermine social support by impairing social relationships and

personal functioning , as the experiences of depressed mothers and those in conflicted sexual relationships has shown. Conflict between members of mothers support network also emerged as significant in undermining the support which might have been available.

Both the social and economic context of parenting and the quality of the support relationships available to mothers were important in understanding the interaction between stress and support. Mothers' experience of stress and access to social support was intimately bound up with their position in the class structure and their gender both of which affected their access to resources within the current parenting context.

Far from emerging as an important mediator of social stress, social support appeared to be associated with low levels of stress, and to be only rarely found to alleviate acute stress. High stress was instead most often associated with low social support. Mothers in high stress situations had fewer social resources to call upon, their networks were more conflicted, and the resources available to members of their social network were more limited. The experiences of mothers whose stress was in some measure mitigated by social support shows that this pattern is not inevitable. Much appeared to depend on the quality of the resources available to mothers in their social network prior to the onset of the stressful circumstances. Early disadvantage appeared to be an important predictor of current social stress *and* low social support for both stable and ex-care mothers since their social contacts were likely to be in highly stressed social circumstances themselves. Thus improving mothers social networks and economic circumstances prior to pregnancy might be an effective means of arresting the increasingly negative association between high levels of stress and low social support.

In the above analysis it is possible to glimpse something of the dynamics of the relationship between stress and support, and the way each may act upon the other

to produce change over time. This interaction is played out within the arena of the mother's personal relationships, and is intimately bound up with meaning and value which they ascribe to their relationships. Thus, while an examination of maternal relationships and their functions is useful in describing the conditions in which mothering is undertaken and the way in which stress and support is balanced in individual mothers' lives, it is also necessary to understand the ways in which mothers elicit the support they need from those closest to them.

This cannot be done without reference to mothers' perceptions of their close relationships and to the ideological and cultural framework in which they occur. Individual perceptions are likely to reflect ideologically defined limits of appropriate support within relationships. In describing a particular relationship or behaviour as supportive, individuals are responding to social and ideological constructions of the meaning of support and interpreting these on an individual level. Therefore it is mothers' accounts of their relationships and the meaning which they attribute to them within their social and ideological context which will next be considered.

Chapter 5. The Social and ideological construction of intimate support relationships

1 Introduction

The previous chapters have outlined the social context in which parenting occurs, the social stress associated with the parenting task and the ways in which mothers' support relationships can alleviate the stress of mothering. However, in order to understand fully the role of support relationships in mothers' lives it is necessary to turn to mothers' own accounts of these relationships. It is only by understanding the way that mothers construe their relationships within the social and ideological context in which they occur, and the way women define and negotiate effective social support from these relationships that we can begin to understand the meaning of support in mothers' lives and the ways in which mothers' relationships may alleviate the stress of parenting. Therefore, in this chapter the analysis moves from the more quantifiable assessment of support functions and behaviours towards an analysis of the meaning of support and the way in which definitions of support and stress are constructed. To do this entails a move away from an analysis in which the accounts are accepted as accurate representations of the 'real' self or of meaning which can be located beyond the discourse to a focus upon the account itself and to the construction of meaning within the account. The analysis thus moves from a description of mothers' social and relational circumstances and mothers' subjective definitions of support, towards a critical analysis of the way in which support and stress are constructed. In this the analysis owes something to the insights afforded by discourse analysts (Marshall 1990, Wetherell, 1990) who draw attention to the way in which

particular linguistic practices are used to construct social categories, (in this case marriage and motherhood) and the role of language in identifying, labelling and constructing experience.

In contrast to the analysis in chapters 3 and 4, in this chapter the focus is on the discourse itself and the way in which reality is constituted through language and the process of representation. However, the assumption here is not that mothers' consciousness is false but that consciousness is in itself a social and linguistic construction and that it is impossible to understand the meaning of stress and support fully without in some way deconstructing the meaning within the accounts.

Thus, in this chapter both stress and support are treated as social constructs, which are intimately bound up with the dominant discourses of appropriate gender and maternal behaviour. The focus is on the way in which mothers' personal interpretations of their experience and the meaning they construct within their personal relationships are likely to reflect these dominant discourses of maternal and gender behaviour. However, mothers are not seen as passive recipients of externally imposed value and beliefs. Rather, there is a constant interface between internal and external meaning.

Thus, while acknowledging the need to deconstruct the social categories which mothers use in order to make sense of experience the analysis is also concerned with the connections between social conditions and personal experience. Thus the analysis of accounts as discourse is constantly related back to the women's social and relational circumstances. In particular the construction of mothers' accounts in response to the dominant ideological discourses of marriage and motherhood is related throughout the analysis to the 'real' conditions under which mothering is undertaken which have been outlined in chapters 3 and 4. It is necessary to work with these 2 complementary and yet

apparently contradictory levels of analysis in order to relate meaning *within* the discourse to the external conditions which influence it, and to make some inferences about the way in which mothers' interpretations of their experience may affect their lives.

1a) The Construction of support relationships

As chapter 3 and 4 have shown, the conditions in which mothering is carried out and the limited resources available to women due to structural inequalities arising from class and gender relations are important influences on mothers' experience. However, women are not passively moulded by these external factors but are actively engaged in making sense of their experience and in trying to change it. In order to understand this process it is necessary to understand some of the links between the external social construction of motherhood, and mothers' internal appraisal of what is happening to them in their relationships.

Maternal experience is mediated through cultural and ideological expectations of motherhood and of sexual relationships which reinforce structural imbalances in gender roles and which legitimate the subordinate, economically dependent and relatively powerless position of women in society. These ideological representations are assimilated into the maternal consciousness and once there have real and material effects. Internalised perceptions of appropriate behaviour will affect the way in which mothers define their role and the limits they place upon their responsibilities and will have profound effects on the quality of mothers' support relationships, severely proscribing the legitimate boundaries of support. It is this interface between social constructions of experience and personal meaning which is examined here.

Mothers' accounts inevitably reflect the contradictions thrown up by ideological representations which fail to fit their experience of mothering. On the

one hand, motherhood demands a personal commitment which involves long hours of physical work and which produces both physical and emotional stress (Feree and Hess, 1982; Oakley, 1979; Pleck, 1982). On the other hand, motherhood's dominant ideological construct not only casts the mother in the role of main care giver, but assumes the task of mothering to be naturally fulfilling and inherently satisfying and thus admits no possibility of conflict between the needs of mother and child (Dally, 1982 ; Wearing, 1984). Thus, dominant ideological representations of sexual relationships simultaneously reinforce and obscure the unequal distribution of power within them, while defining the sexual relationship as central and supportive.

In their efforts to make sense of the lack of fit between the ideological construction of motherhood and their perceptions of the conditions in which mothering is undertaken mothers are actively engaged in constructing and mediating the meaning of their experience (Billig *et al*, 1988; Gergen and Gergen, 1985, 1987; Potter & Wetherell, 1987). It is in their accounts of the relative allocation of power and support within the household, and the distribution of and their access to resources, that mothers reveal most clearly the interaction between their subjective experience and these cultural expectations of motherhood which define the boundaries of responsibility and legitimate grievance .

2 Defining the limits of support

The next section explores the way in which mothers' support relationships are structured by personal and ideological expectations of maternal and gender roles, and how these expectations define the extent and nature of the support which mothers can derive from their close relationships. In this section therefore mothers' descriptions of their support relationships are no longer taken at face

value but are related to the social and ideological parameters within which they occur.

2 a) The central support relationship

Ideologies of appropriate behaviour in sexual relationships and in motherhood influence the way in which the intimate support relationships of new mothers are constructed. The ideology of motherhood casts the mother in the role of main parent and the father in a secondary supportive role. At the same time gender-role ideology characterises the nuclear family as the ideal parenting setting and the relationship between spouses as mutually supportive and beneficial.

Because of the way that gender roles are organised around the nuclear family and the primacy given to the male-female bond, the sexual relationship becomes the central supportive relationship around which all other support relationships are organised. This expectation that male support will be the norm in turn places limits on the availability of other sources of support (Barrett & McIntosh, 1982; Brannen and Moss, 1987; Brubaker and Hennon, 1982; Moss *et al.*, 1983, 1985).

This view of the sexual bond as the primary support relationship and of kin and friendship ties as subordinate was reflected in the accounts mothers gave in the present study, since both married and unmarried women who were in stable co-habitations identified the sexual partner as both their main and their preferred source of support. Married and co-habiting mothers had a strong commitment to the nuclear family, and alternative sources of support were perceived as most helpful when they respected the boundaries of the nuclear family.

Marian(stable) : " I said to Chris I just wanted to come home (from the hospital) and just be us three on our own for a while. Just so that we would get used to each other. I suppose you can't really blame them for wanting to come straight away . I wanted it to be just us three, and I woke up on Saturday morning and they were sort of here."

Gwen (stable) : "I don't know, his (partner's) Mum was very undermining when she visited. It's like she's the better mother and all that sort of thing , "you go out we'll look after him."

Because of this dependence on the central support relationship, the extended family was a significant source of support for less than half of the mothers interviewed. Both married and co-habiting mothers used their own mothers for practical assistance and guidance when they lived nearby and this relationship acted as a buffer against any stress in the sexual partnership. However, less than a quarter of the mothers had intimate maternal relationships and there were limitations placed on the extent and intimacy of maternal support.

For those who had been in residential care, many of whom were lone parents, family ties were both fragmented and conflicted. For almost all the respondents, the nuclear family and not the extended family was the main focus of meaning and support and friendship and extended family ties tended to be treated as tangential to what was perceived to be the main source of support, within the nuclear family. In addition, friendship ties often suffered from a retrenchment following the transition to parenthood, and the isolation of new parenting limited mothers' abilities to form contacts outside the nuclear family .

Anne (stable) : "I mean Sean still goes out for a drink in the evening with his friends. I don't do anything that I used to do. I used to play squash and do aerobics and all sorts but I don't do anything any more."

2 b) 'The good mother'

By identifying the attributes of good motherhood which are expressed in mothers' accounts it is possible to begin to explore the way in which ideology impinges upon mothers' experience. As Wearing (1984) has shown, mothers' accounts reveal identifiable tenets of the ideology of motherhood. These are most clearly revealed in the ideal of the 'good' mother "towards which all mothers should strive" (p.49). Early feminist research (for example Gavron,

1966 and Rainwater, 1959) also highlighted the close identification of women with the maternal role and their need to identify themselves as good mothers. The ideology of the 'good mother' emerged as a central theme in these accounts, and as a powerful influence on the way in which mothers construed their parenting experience, effectively defining the limits of acceptable maternal behaviour and intimate support .

Mary:(stable)"I felt I was a good mother. What I was doing was..I was good enough."

Di : (ex-care) "If Des was here now he'd tell you. I'm a good mother, it just took me time to adapt."

In addition mothers sought both to delimit the attributes of the good mother and to define themselves within those limits, by appraising the mothering skills of others.

Di (ex-care) : "I mean she could make a good mother - it's just that she doesn't want to spend time with her baby. I speak to her and I try to give her advice because I am like the mother hen round here. I've looked after my Step Mum's kids and I know what responsibility is. I can cope."

Sharon (ex-care): "I'm not putting her down or anything but she leaves him with anyone -the kids from the estate. All day they take him out in that pram. I just don't know how she does it, because I just couldn't do it. She leaves him with anyone."

There are a number of core features which can be identified in these accounts of the good mother. Foremost amongst these is the designation of the mother as the primary parent, and the primacy of the child's needs over those of the mother (Rappoport and Strelitz, 1977). An acceptance of this primary responsibility means that women must subordinate their needs and ambitions to those of their family absorbing the stress of parenting and protecting them from its outcome in order to fulfil the woman's primary role adequately. Mothers' perceptions of support therefore need to be understood in terms of the responsibility for parenting which devolves upon the mother, and which constructs and informs

mothers' experience (Wearing, 1984). All the mothers interviewed saw themselves as the main parent, whatever their marital or ideological status.

Denise(stable): "I do most of the planning as far as she is concerned, like it's me who decides when she gets fed and all those sorts of things. Unless it's obvious that her nappy needs changing. I'll say he wouldn't necessarily do it. I sort of do, I make the rules."

Jane (stable) : "I knew he was helping but it felt like it was ultimately my responsibility to look after her."

Mary (stable) : "Certainly I seem to take the main responsibility for her. Even if we are together, he will help out and get her a drink or change her a generous gift to me. Or if I am going out I will take her with me. Like now he'll just take her off to the other room. And I forget perhaps these things, because I feel the total responsibility."

Because of this acceptance of primary responsibility, all other roles were secondary to the maternal role. Paid work, even for those with established careers, was subordinate to this and might be seen simply as a preparation for the 'real task' of child care.

Eve (stable) : Yes, I think the fact that I've done nursing has helped because it is a very kind of time-consuming, emotionally-draining job. So I kind of went when Sam came along, "Oh, here we go again!" Um.. It was quite, you know, in some ways it was quite good preparation, you know...just that constant demand and stress.

Many mothers found it impossible to reconcile their responsibility for their child with the need to find adequate substitute care. An underlying theme was that all substitute care was by definition second best .

Jane (stable) : "I think I would have gone back for the extra money so that we wouldn't have to worry—but I couldn't and when it comes down to who you leave it with—who I'd leave Charlotte with."

Anne (stable): "I don't think I could have left Simon. I know some people go back to work really early. I did try to leave him with the childminder, but it was only one afternoon a week, and I really felt guilty about that, but I felt as if I wanted to do something for myself on one afternoon a week."

References to paid employment were hedged about with an elaborate framework of justification, central to which were accounts which emphasised the benefits to others rather than to the self.

The most commonly used justification was that of economic necessity.

Marian (stable) : "And I think you're made to feel guilty as well, "who's got her, who's looking after her?" or "I don't agree with these mum's who've gone back to work." But some poor women have no choice. I mean, really, we haven't got a choice, I mean we'd scrape by for a few months, but...."

Fiona (stable) : "Yes . We've got a mortgage to pay, so that's the bottom line. And in some ways it made it easier because there wasn't a choice there."

Part time work was favoured because it was clearly subordinate to the maternal commitment .

Anne (stable) : "I think it's good to keep your hand in, because when I've finished the family, I'll want to go back full time to fit in with sort of school and things."

Marian (stable) : "I definitely will have more children, but I won't start getting further in my career till they have grown up a bit ."

Those who opted to work full time in the early years experienced a marked degree of conflict as they tried to reconcile the demands of both roles.

Fiona (stable) : "I went back full time, and I was very miserable doing full time . So I've now just started a job share for one year, and then after that I'll see if I want to carry on doing a job share."

This primary identification with motherhood means that maternal needs must be sublimated in order to meet the needs of the child. This is shown by the mothers' accounts of the distress of pregnancy and childbirth, in which personal distress is minimised as mothers emphasise the primacy of the child's needs.

Fiona (stable) : "I vomited all day and all night and I got dehydrated, and had to go and be re-hydrated , with drips. I had that for a week, and then they encouraged me to take drugs and I wouldn't, so they said 'there's nothing more we can do', so I said, 'O K , fair enough', and went home again. Three weeks later the same thing happened again , because I was reluctant to take drugs until I was at least 12 weeks pregnant."

Tess (stable) : "It (labour) wasn't as painful as it looks that you groan - and you're crawling around the floor on all fours. I tried to explain, it wasn't as bad as what I was making it out to be."

Mothers similarly minimise the stress and fatigue induced by their day to day experience of child care.

Anne (stable) : "I stay up through the day and I go to bed when my husband gets home, I don't think it's fair on him (the baby) not to. I still keep going, and as I say it keeps me stimulated as well. It's not as bad as it sounds actually. Most people who don't work nights think, 'God no!'. But it really isn't that bad."

This sublimation of maternal needs to those of the child leads mothers to attribute the stress of parenting to personal inadequacy, rather than to features of the task itself or of their intimate relationships.

Angela (ex-care) : "I tend to look on his behaviour as a reflection on me, that if he's bad that's because of me. I thought I wasn't good enough anyway. I honestly thought he would be better off adopted. Whatever I did couldn't be good enough, because to me, he was the best thing in the world, and I couldn't be good enough for him."

2 c) Coping with Motherhood.

The ideology of the 'good mother' places severe limitations on the extent and nature of acceptable support by defining involvement by others in childcare as tangential. Such an ideology places an intolerable burden of responsibility upon women who strive to attain this ideal without the benefit of effective support since the primacy of the mother child bond is regarded as sacrosanct . Because they see themselves as primarily and ultimately responsible for their child, mothers feel obliged to meet the requirements of that role whatever the personal cost and therefore must expand their personal resources in order to cope with the demands of the task (Graham, 1982).

Denise (stable) : "I coped with the getting up for the feeds a lot better than I thought I would . I mean I've always been somebody who needs eight hours or they are in a rotten mood. But I coped with it quite well. And I did just sleep when she slept if I was tired in the day."

Because of the minor role accorded to womens' other support relationships and particularly the sexual relationship, when the domestic burden increases it is women who are expected to cope. Men's capacities are seen as finite and are bounded by their primary identification with work outside the home.

Fiona (stable) : "He's the one who tends to go down instead of me I cope. I don't always feel happy but I cope, whereas he is somebody who far more gets the glooms."

The attempt to cope meant that mothers were pushed to the limit, and sometimes beyond the limit of their resources.

Judi (stable) : " He's kept out sometimes till half 10 at night, which doesn't help me because I don't get a break. When you look at it like that it sounds really bad.. how do I cope? Oh dear. I don't know how I cope myself. I think I'll go loopy some of the time."

In the face of extreme stress the designation of the mother as the primary caretaker is severely stretched. However in response to that stress mothers feel themselves to be culpable if they cannot cope, however difficult the task (Graham, 1982).

Claire (stable) : "I think it was about a fortnight after she was born, I cried for the first time; I just felt I couldn't cope, and I wanted to just give her away to someone (laughs). We'd gone out for the day, and it was extremely hot, and she'd cried a lot, and she'd messed about feeding, and I think it was just the tiredness and everything just caught up and I just cried, and I felt such a failure, utter failure. I mean, everybody else could do it much better than I could."

Guilt is a necessary corollary of an acceptance of ultimate responsibility. It is experienced when mothers feel they have transgressed ideological constraints. For example, where they feel they may be putting their own interests above those of their child.

Anne (stable) : "I wasn't happy about leaving him there, (at the childminder) maybe that is why he didn't settle but I felt very guilty, even if it had have worked, I don't think I could have done it for that long .

Because I just felt so guilty. I felt guilty that perhaps I shouldn't be doing something that I wanted to."

or if they have asked for support when they should have been able to cope.

Anne (stable) : "There would always be some problem that Sean couldn't have coped with. I'd come back and he'd say. "he was crying all the time you were away" . It used to make me feel so guilty, that I thought

"I won't go this week', and I think that's why I gave it up."

They were able to reconcile this conflict only if they could feel satisfied that there was a correspondence between their own and their child's interests.

Denise (stable) : "I didn't feel guilty, because I just felt that what was good for me was good for her.

That was my theory and it seemed to work. I followed it through I didn't feel guilty."

In these accounts mothers are accepting total responsibility for parenting whatever its personal cost. The acceptance of this responsibility not only increases the stress of parenting, it also has profound effects on mothers' ability to negotiate effective support since such support is viewed as an optional contribution to the mothers assigned role. It is this process of negotiation which is considered next.

3 Negotiating Support

The following section explores the strategies which mothers employ in their attempts to negotiate effective support, the resistance they encounter, and the way in which they account for the lack of effective support available from their close relationships. The focus here is on the real effects which ideological constructions of gender relations can have both on the meaning which mothers ascribe to their relationships, and to the amount of effective support which can be derived from them..

3 a) Accounting for inequality

A series of studies, most notably those by Breen (1975) and La Rossa and La Rossa (1981) have shown that the negotiation of parental roles is a major task in the first year of first-time parenthood. The relationships which surround new mothers undergo profound changes as mothers struggle to cope with the additional physical and emotional demands of parenting. As La Rossa and La Rossa (1981) have shown, during the transition to parenthood husbands and wives are more likely to experience a scarcity of free time, and are more likely to conflict with each other over the allocation of that time. Therefore much of the emotional work following the first birth is taken up with re-defining and re-negotiating roles in the light of these new responsibilities. An understanding of the process of re-defining roles and re-negotiating support is therefore vital to any conception of sources of stress and support for first time mothers.

Mothers' attempts to negotiate effective support need to be understood in the context of the inherent contradictions which exist in the way that the central support relationship is constructed. While the sexual relationship is culturally defined as mutually fulfilling and supportive, the support which can be effectively derived from that relationship is severely proscribed by the expectation that the mother will be primarily and ultimately responsible for child care whatever the personal cost. These contradictions place mothers within an unreconcilable ideological dilemma (Billig *et al*, 1988). Although for most mothers in the study the sexual relationship remained the focus of both their social and emotional lives and the one around which all others were organised, the practical support which could be derived from this relationship was limited by mothers' assumption of primary child care responsibility. The evidence from the time-use diaries (discussed in Chapter 3), shows that at no time did a father's contribution equal

that of his partner. Of the 19 co-habiting couples in the sample all showed a marked inequality in the division of labour. Cohabiting mothers worked long hours (between 10 and 17.5 hours over a 24-hour period with a mean of 14.2 hours) while the father's practical support was limited to an average of 1 hour 25 minutes. The mean exclusive child care contribution was around 20 minutes. In addition, men were highly selective in their domestic and childcare contribution, favouring play activities over routine child care.

Tess (stable) : "He won't change a dirty nappy, that's one thing he won't do. He says he can't stomach it just yet" (baby 4 months old)

Gwen (stable) : "We worked it out and then Karl decided to give him a bath, and that was because of realising that on the one hand it's a chore, but it's also very enjoyable."

In the face of this discrepancy between the ideological construction of the sexual relationship as equal and supportive and the manifest inequality in gender roles, mothers must reconcile their expectations of support with their experience of inequality in such a way as to maintain their belief in a mutually supportive sexual relationship. They must try to accommodate their partner's lack of support into their existing definition of the sexual partnership as a close and reciprocal bond .

In their accounts of paternal responsibility and task sharing the mothers in stable relationships appear to be attempting to apply an exchange theory view of sexual relationships in which there is a trading off either of different types of resources within the relationship (Foa and Foa, 1974) or of current relationship costs for previous or future rewards (Scanzoni, 1979). In their accounts mothers also draw on a view of their relationship which is derived from an earlier period in which the inequality in the relationship was less clearly visible, and in which the emotional rewards from the relationship out-weighed the structural disadvantages. They must then attempt to fit their current experience into that

more positive conception of the relationship. Similarly, mothers attempted to represent their partners as providing intangible resources such as love and affection in exchange for tangible resources of time and energy. As Brannen and Collard (1982) have shown, women put a high premium on affection and communication in marriage, and as long as these are present, they seem willing to accept a marked degree of inequality. It is only when this is totally absent that the mutual ideal is abandoned in favour of a conflict model of relationships.

Both these strategies were only partially successful for the women in this study, since most mothers, even in well established relationships found it difficult to evoke memories of a truly equal relationship and therefore had little to base their hope of future equality upon. Similarly, in attempting to describe their relationship in terms of a trade off between their work and commitment and their partners' love and affection, they are brought sharply up against the lack of emotional feed-back from many spouses, and the problem of equating the notion of love and affection with their spouses apparent unwillingness to support them in the face of their manifest distress. As Leonard (1976) has argued, this lack of intimacy and emotional feedback appears to be a common feature of many marriages, particularly those where sexual roles are clearly differentiated. Because they are isolated within the nuclear family women turn to men for emotional support, whereas men, with their greater access to wider social networks, can draw on alternative sources of support, and thus have the power to give or withhold their emotional involvement.

The negotiation of support cannot therefore be understood simply, as Nye (1980) has suggested, in terms of the mutual allocation of rewards between spouses. Any explanation of the spouse's lack of support needs to take account of the structural gender imbalances in the access to power and resources within relationships which will determine the individuals' bargaining power (Leonard,

1976). As Millet (1972) has argued, in a society which is founded upon patriarchal control there are both emotional and physical sanctions which can be applied by the dominant group in order to punish deviance. Although ultimately these sanctions rest on the ability of the dominant group to coerce the subordinate group by physical force, as Arendt (1970) has argued, force is only likely to be used when power is in jeopardy and when other methods of control have failed. For the most part, control is exercised indirectly through economic or emotional sanctions, or through the legitimization of power through consent. This process of legitimization as Bell and Newby (1976) have noted is primarily based upon the 'affective identification', of the wife with her husband.

Using this analysis, marriage can be understood as a relationship which exploits womens' need for love and acceptance by making the fulfilment of these needs dependent upon their acceptance of inequality within the relationship. The romantic discourse of fulfilment through personal relationships which women espouse can therefore be understood as an attempt to obscure the power basis of gender relations and to legitimate male power through the co-operation of the subordinate group (Wetherell, 1990).

This discourse is likely to remain relatively robust during courtship and in early marriage when inequality in sexual relationships is less marked, especially when both partners wield similar levels of economic power through their participation in paid work. However, with the birth of the first child the inequality in status and work load between partners becomes more marked, while at the same time there is a shift in the balance of power brought about both by women's loss of economic power and of alternative sources of support, thus increasing their dependence. In these circumstances mothers have little option but to cling to their previous definition of their relationship as supportive despite all evidence to the contrary. In addition, because of their emotional needs

mothers are reluctant to abandon their view of their relationship as 'good' and 'supportive'.

A mother's commitment to a relationship which is manifestly unequal is also reinforced by her acceptance of parental responsibility. For mothers who accept total responsibility for parenthood, to blame the father for not contributing equally would necessitate a major ideological shift. They therefore cast around for other explanations which do not call the relationship into question. So embedded are mothers in their emotional context, that they are inclined to see external rather than internal factors as salient (Nisbett and Wilson, 1977) and to choose accounts which distance stress and conflict from their intimate relationships.

In order to reconcile this apparent conflict mothers therefore employed a number of strategies whose purpose was to resolve the dilemma within the terms of what had been defined as a mutually beneficial relationship and to minimise conflict. Firstly, in order to redress the imbalance between the maternal and paternal contribution, mothers attempted to re-define the work of child care in terms other than the simple division of labour. In their accounts they therefore emphasised the *equivalence* of sexual roles in which each partner fulfilled gender role expectations and made an equivalent though not an equal contribution to the relationship. The issue therefore became, not the inequality in the division of labour, but the ability of each partner to fulfil their assigned role

Paula (stable) : "I know you say this is work, but this is my work completely isn't it, so I should be able to do it."

As a result of this view of parenting in terms of equivalent roles, mothers' accounts emphasised the nature rather than the duration of the work, assuming that men's work outside the home was more demanding either mentally or physically, and should therefore be weighted more heavily and valued more highly than child care or domestic work. In order to maintain a notional parity

mothers also tended to undervalue the maternal contribution, either by emphasising the importance of male paid work, or by denigrating child care and treating it as non- work. Child care and male paid work are therefore treated as qualitatively different, requiring different levels of commitment. The hours mothers spend in childcare are not seen as equivalent to those which their partners spend in paid work.

Claire (stable) : "He used to walk up and down with her in the back yard....Especially after he'd done a days work; it was really good of him. He was doing this research, that was his sort of commitment."

Paula (stable) : " He's been at work all day so for him to come home , I know his job is really difficult, and then to come home to me , and he's still got more work on top of that , you know....."

In these accounts male paid work is given precedence over any domestic commitment and men's enforced absence through paid work is often used as a way of accounting for their limited domestic input.

Judi (stable) : "He takes work when he's there. I mean he's been very busy lately. He's also starting up his own business, him and a friend, so if people phone up he's got to fit them in at night time or whatever. So I can't really expect him to come home and start doing housework."

Anne(stable): "He's busy at work.--Being an architect they have sort of dead lines for things and they can't refuse business at the moment while he's building it up."

While paid work is described as arduous and demanding, child care is described as relatively effortless and easy thus emphasising the lack of equivalence between childcare and paid work .

Denise: (stable) "She's never felt like a real burden to me . She is quite easy, I could take her most places."

As an alternative to an appeal to role equivalents as an explanation for men's apparent unwillingness to share in childcare and domestic work, women may try to re-define the notion of support by emphasising that the spouse provides valuable but tangible emotional rather than practical support . As Brannen and Moss (1991) observe, "paying homage to emotional support

deflects attention from the underlying inequalities in men's and women's material situations and serves to bridge their very different experiences (p 213).

Cherie (ex-care) : "I wouldn't have been able to survive . Not if there had been no-body there . You can't relate to a baby, you can't sit there and tell a baby. A baby can't give you a hug and make you feel better. If I didn't have Martin I think I would have killed myself . I really do."

Eve (stable) : "I was still the main parent for Sam, I think, for the great part of it. Um, but yes it helped having him around, a lot, I think I didn't, I think it gave me extra confidence, the fact that he'd had two children before, but not particularly because he was doing things and telling me how to do things."

Mothers also used strategies which were not dependent on a comparison of childcare with paid work, choosing explanations which located the responsibility for inequality in external factors and not within the power structure of the marriage. They attributed their stress to features of the parenting task or to external structural conditions. In these accounts men were portrayed as being just as powerless as women in effecting change to what were seen as external structural conditions. These accounts were most often used by mothers who were in paid work themselves or whose partner was unemployed, for whom the strategy of 'different but equal contributions' was not feasible.

Kathy (stable) : "The problem was really the tiredness I just wasn't getting the sleep".

Rachel (ex-care) : "We were supposed to be housed last month and he promised us we would be rehoused in August, and at the end of July he said, "sorry there are no houses" and that really knocked me for six. I think that had a lot to do with why I got the post-natal depression."

Anne (stable) : "Yes. It would be nice to be equal, but life isn't like that is it ?..I think the society makes it that way."

Alternatively, mothers fell back on accounts which emphasised naturally arising differences between men and women and stressed men's inherent inability to function domestically and their own inability to tolerate men's lower standards of domestic work.

Cherie (ex-care) : "He doesn't do things to my satisfaction so I'd rather do it myself. If I ask him to do the washing up he does the washing up, He doesn't wipe down the sides or the cooker, or empty the bin . He certainly never wipes up . If he dusts he goes around the ornaments. I tell him to lift them up and he says, "why ? You dusted under them so there won't be any dust."

They also represented their spouse's lack of support as a response to a personality trait that he was powerless to overcome. This strategy of presenting lack of support as being due to personality traits beyond the partners' control rather than to active choice and responsibility was maintained even in conditions of acute stress.

Eve (stable) : "It's not that he's not willing to, I think he's just, he's one of these distractable people, he's always kind of off somewhere else. Uh, not that he's neglectful, but I think, like Leo's nappy needs changing now, and I'll go and do that whereas he'll just kind of not realise till the last minute. That makes him sound awful, but he's not."

Mothers were continually striving to come to terms with the problem of equity in the relationship and with their doubts about the amount of support they can demand as a right. Stress in parenting could sometimes bring the issue of equality to the fore, forcing mothers to re-appraise their view of the relationship.

Tess (stable): "Then it wore on and I was getting really tired and I was still sleeping in the afternoon, it seemed as if I was doing every thing and he wasn't helping much. His life was the same as it had been before whereas mine had completely changed."

The more acute the stress they experienced the more complex mothers' explanations of paternal behaviour tended to become as mothers tried to fend off the imputation of paternal culpability with more and more elaborate justifications.

Fiona: (stable) "I think he gets more tired. The effects of tiredness during the day time have more effect on him than they do on me. Even though he doesn't get woken up so much , because he sleeps through when she wakes up."

Researcher : So he doesn't get woken up so much, but he feels more tired?

Fiona: "But I think I'm lucky. I can do without sleep. I'm amazed at myself actually."

However, overt conflict was rarely the outcome of this re-appraisal. Mothers resisted allocating the responsibility for change to their spouses even when they were experiencing acute stress, and feelings of stress and depression were kept very firmly separated from the relationship:

Researcher: "You said the first 3 months were quite bad?"

Jane (Stable): "That was my feeling of not being able to cope. It wasn't how anybody else made me feel."

This can also be seen in the following extract, where Kathy, who is trying to reconcile the demands of the traditional maternal role with her commitment to full-time work, describes her experience of distress

Kathy (stable) : "I went to the doctors, and it was the best thing I ever did..... He gave me some tranquillisers which did help, which he said would help me with the anger. I felt so angry."

Researcher: "Who did you feel angry with?"

Kathy: "Mainly with myself and with everything. I resented having to go back to work and I blamed Stuart (husband). It wasn't Stuart's fault but I blamed him. When I had to go back to work the problem was really the tiredness. I just wasn't getting the sleep I needed, and I couldn't see any way out. I just couldn't stand the thought of leaving him. It seemed so unfair. I thought, "why can these other mothers stay at home with their children and I can't", although I know there was no choice. I still couldn't help feeling angry inside and it made me feel so tense and resentful."

Kathy is here describing her attempts to make sense of her spouse's refusal to contribute to child care in the light of her chronic work overload and consequent severe stress (she was being treated for post natal depression). Kathy's dilemma is particularly severe since it was her spouse who insisted that she return to work, in the face of her unwillingness to do so and her doubts about its financial necessity. Her account of her spouse's motives in which she stresses his willingness to help, seems to bear little relationship to his behaviour either in the interview account or as recorded on the diary day.

However, she has a deep commitment to the relationship based upon her real or imagined perception of the quality of the relationship before the child's birth and this forbids the imputation that her husband is to blame. Instead, she must explain his reluctance to do more either in cultural terms:

Kathy (stable) : "That was the macho bit, because in the North the husbands don't. They just don't and that's it."

or in terms of physical inability:

Kathy (stable): "He probably could have helped a lot more than he did in fact, that's not his fault. He's a very, very heavy sleeper and he didn't even hear him. He would wake up the next morning and say, 'That was good, he didn't wake at all last night' and I would say, 'did he hell I was up 9 times last night'."

Kathy preserves her view of her companionate marriage, but at great personal cost to herself. Since her anger has become illegitimate she has no alternative but to interpret her acute stress and anger as a sign that she is ill and to seek treatment which will cure her of her 'illness' rather than addressing the problem of the imbalance of power and resources within the relationship. What is remarkable in this account is the strength of the commitment to the 'companionate marriage' in the face of acute distress and fatigue. This commitment to the relationship similarly forces other mothers whose stress is not so acute to focus their anger upon themselves:

Paula (stable) : "I did talk to him about it all. And he's a really lovely bloke, very understanding. Even when I said that I was really angry with him, he was so kind, he is ever such a kind and lovely bloke."

Researcher: "You were angry with Ben?"

Paula: "No, I didn't get angry with Ben just with him, (the baby). Well I just get angry with me really."

In these accounts mothers are struggling to come to terms with deficiencies in what they see as their primary support relationship. In order to avoid casting doubt on the whole basis of their relationship they are driven to account for inequality by employing a range of explanations which are often contradictory

but which all serve to locate the responsibility for change somewhere other than within the central power structure of the marriage. Thus men are presented as simply responding to an externally or genetically imposed situation which they are powerless to change, and gender differences in the allocation of power and resources are ignored. The outcome of this refusal to allocate responsibility to the man is that mothers are forced back on their own feelings of responsibility and failure.

3 b) Male resistance

Since all paternal contributions are seen as optional, men are perceived to be good and generous whatever their level of commitment. In their descriptions of the 'good father' mothers draw attention to the way in which the paternal contribution has exceeded the norm. These descriptions are in contrast to those of the 'good' mother which is held up as a standard which all women should strive to attain..

Marian (stable) : "He was really good, because he was really interested throughout. Reading books and everything. He was really keen."

Rachel(ex-care): "He's good, he's good with her. He helps with her."

Marian(stable) "I went out for a drink with my Mum because it was her birthday, and he had him then, and put him to bed and all that . He's really good with him. I'm lucky."

The good father, unlike the good mother is unlikely to be socially sanctioned for non participation in parenthood, therefore men can and do resist attempts to socialise them into the paternal role. Men typically underline their inability to cope with the newly assigned task.

Researcher : "You make his (The husband's) breakfast do you, he never does it himself?"

Judi (stable) : "Nearly always . I'd have frying pans up to the ceiling if I let him."

Jane (stable) : "He does Saturday (while she works) but when I get back he looks awful. We are very lucky, Chloe is really good, but I think he sees all his friends and they are all off to play rugby or whatever, and I think he feels a bit hard done by."

Ann (stable) : "After about five months I went back (to aerobics) and I had to express milk and leave it at home. And I think that's probably why I gave it up, because there was just too much hassle . And there would always be some problem that Sean couldn't have coped with . I'd come back and he'd say, "he was crying all the time you were away ". It used to make me feel so guilty that I thought I won't go this week and I think that's why I gave it up."

Mothers are hampered in their attempts to negotiate increased paternal participation by their acceptance of ultimate responsibility and by their uncertainty about what is fair or equitable in the division of labour between the sexes. Because of their uncertainty most mothers felt guilty about raising questions of work sharing and were easily defeated if their spouses were unwilling to co-operate.

Deirdre (stable) : "Ken always maintains that I have to ask him, that he doesn't know automatically and then he sort of accuses me of martyring, of deliberately not asking ."

The difficulties which were reportedly experienced by over 50% of the spouses in coming to terms with fatherhood can also be understood in terms of paternal resistance to childcare responsibility and as further evidence of their ability to chose the manner and degree of their involvement. Because of this, mothers were often forced to assume the responsibility for socialising their spouses into the parenting role, simultaneously dealing with both their own and their partners' adjustment. This involved both selecting pleasurable aspects of parenting and protecting spouses from its more negative aspects.

Tess (stable) : "If he comes home from work and he's had a bad day at work he doesn't want anything to do with him. He's too hot or he's too tired, then I'll understand, and I'll just go off into the kitchen and let him cool down and have a bath and then I'll come back upstairs and then feed him (the baby). He is very

good really-he's started to.... At first he was very didn't want hardly anything to do with him, (the baby)
I think he thought that he was too small ."

The task of helping men to adjust placed an additional burden upon mothers already over-stretched resources, not only in terms of time and energy but also in terms of the emotional work involved in making fatherhood a palatable reality for the spouse. In addition, mothers had to make sense of this negative response and to try to make it fit into their ideal of the companionate marriage. In the absence of any motivational feedback from their spouse mothers are forced to write an 'emotional script' for their spouse in which they create a repertoire of feelings and emotions which can be imputed to him in order to account for his behaviour. To achieve this mothers attempted to place themselves in their partner's situation, drawing on their own feelings and experiences in order to create a coherent explanation of their partner's response. In this sense, mothers created an emotional vocabulary for their spouse, building on the scant emotional cues available to them from his behaviour and transforming these into a coherent motivational script.

In the following extract, Kathy is trying to make sense of her spouses' resistance to fatherhood in terms which will enable her to maintain her view of him as a caring husband and father. In order to do this she employs the strategy of attributing his lack of support to personality factors, interpreting a refusal to accept responsibility as a response to personal doubts and anxieties rather than to blatant self interest. However she is forced to work hard in order to achieve this, creating not only a theory of personal motivation but also an emotional foundation on which to base that theory, in order to account for her spouse's behaviour.

Kathy (stable): "There was a lot of stress, because I had problems with Stuart well towards the end- he threw a wobbly about becoming a Dad. He suddenly decided he didn't want to - I think what did it was -

he's always been a worrier and I'm not I never have been and whereas I was saying "It'll all work out" as the mortgage interest rate went up he got more and more worried and then I think it was all a bit too much for him."

Mothers are negotiating for support within the confines of an ideology of sexual relationships which defines the woman's position as subordinate while obscuring her subordination within a discourse of emotional reciprocity. Because of this, in the face of male resistance, mothers have little option but to retreat and wait for the man to opt to help since they have tacitly accepted that he has a right to choose whether and in what circumstances he will accept responsibility. Mother's accounts are therefore permeated by an awareness that they are negotiating from a position of weakness.

Anne (stable: "I don't complain because if I complain he'll think she doesn't appreciate it, so I won't do it. It would be nice to be equal, but life isn't like that is it ?")

While they expressed the hope that somehow things would improve, they were at loss to think of a way in which this might be achieved, and therefore those who were expecting their second child spoke with some trepidation of the increase in work load that this would entail.

3 c) Negotiating support

In their accounts, mothers are attempting to reconcile their experience of acute stress and their need for effective support with an ideology of parenting in which their needs are seen as subordinate to those of both their child and their spouse. Mothers are caught within a set of ideological contradictions in which there are two competing discourses of gender relations. There is a romantic discourse of relationships which dictates that in order to be real and valid the sexual relationship must also be supportive and mutually beneficial, while there is an underlying discourse of appropriate gender behaviour which prohibits

mothers from calling on that support as a right since it is seen as neither necessary nor compulsory.

3 c i) Mothers in stable relationships

For mothers in stable relationships this dilemma will have profound effects on their relationships with their spouse or partner and the ways in which they try to negotiate support. Since the man's contribution is optional, and his 'help' with child care and domestic work is evidence of his goodness, the mother's sense of grievance is invalidated and she must negotiate for that support not as a right but as a gift which can be withdrawn at any time.

Tess (stable): "I have to ask, he won't do it off his own bat which is a shame because sometimes I get a bit irritable ."

Once conferred, this support places the woman in a position of indebtedness which increases the imbalance in power within the relationship and which must be repaid in some way within the currency of the relationship.

Mary (stable): "Certainly I seem to take the main responsibility for her. Even if we are together he will help out and get a drink or change her. A generous gift to me."

She is thus placed in a position of weakness in her negotiations with her spouse in which she is required to make deferential requests for assistance and to repay the 'gift' of support by showing gratitude and by reinforcing his sense of self worth. In attempting to elicit effective support mothers must therefore employ strategies which reflect their access to power and resources within the relationship.

Paula (stable) : "I came back in here , and there he was listening to music, reading the N. M. E., smoking a fag and he was just stuffing this dummy back in Sean 's mouth and he was going 'waaah.' And I just said. 'look, he's wet . I took him upstairs and changed him. He said, "that was the problem was it ?" He could have seen that. It wasn't worth I don't ever have a go at him about it though, because if you started

using the baby against each other it would be hell. 'Who cares enough for this baby?', it would just be awful, I know he loves him, we were just tired and fed up really."

The outcome of the need to avoid challenging the organisation of power and workload is to make any questioning of the existing order illegitimate, since to ask men to contribute more would be to expect them to exceed male gender norms. Conflict in the marital relationship can only be expressed where there is a discrepancy between mothers' expectations of reasonable support and the support that is offered. Therefore mothers who feel that support is not theirs by right can only express dissent when they feel justified by the establishment of special circumstances which make the contribution necessary .

Tess (stable) : "If he sees that I'm tired or if I've already told him earlier on in the evening that I've got a headache, then he will say "would you like me to feed him and you can go to bed if you have got a headache." then I do get mad if he doesn't help me and I really shout at him and say, "come on you've got to help me I do it every day , every four hours I have to feed him and change him and what have you." I say, "well, just can't you ? " I don't ask him then I tell him and say "you've got to do it".

Whilst most of the stable mothers experienced and expressed some feelings of conflict, and at times felt that the division of labour was unjust, only 3 mothers openly acknowledged that the conflict between their own and their spouse or partner's interests arose from a basic inequality, and that they were striving towards a more equitable relationship. They did not necessarily have a more inequitable relationship than others, in fact their partner's involvement was about average for the group. Two were middle class, career orientated women who had an ideological commitment to shared parenting and domestic equality, and they had spouses who at least paid lip service to this ideal. Because of their strong commitment to equality in the relationship they therefore felt justified in demanding support as a right.

Fiona (stable): "I want to co-parent, I don't want to bring her up on my own.

Researcher: Some men draw a line and say, 'I won't do this.'

Fiona: "He doesn't have a line like that and I wouldn't find that acceptable anyway. She's our child, she's not my child."

The third mother had come to acknowledge conflict through her dissatisfaction with her marriage because of her husband's refusal to support her financially. She felt that he was failing to fulfil his part of what she saw as the traditional male-female relationship bargain:

Deidre (stable) : "I half feel that he wants me to do the traditional thing, although he denies it, and on the other hand he won't do the traditional male thing of bringing the money home and getting out of the way."

Only 2 mothers employed accounts which acknowledged that there might be a direct conflict of interests between the needs of spouses. These mothers saw their relationship as both companionate and egalitarian and it was therefore important that their spouse should have a similar commitment to shared parenting. However, they had been forced to revise their expectations of marital support in view of their experience of marriage and parenting, as verbal commitments to equality failed to become a practical reality.

Fiona (stable) : "Yes our first year of marriage was actually very very difficult , or our first year of living together was very difficult because of that I think both of us got a shock, I think both of us assumed the other person would be very different from what they were. It was a shock., and that what he thought intellectually would be lived out in the domestic detail."

This problem becomes more acute after the birth of the first child which brings with it a shift in the balance of power and status in the relationships and an increase in the female workload. In the face of this additional pressure the need to convert the spouse to their way of thinking became more imperative. In these circumstances these mothers felt justified in using direct confrontation as a means of obtaining effective support, just as the other mothers had used

deference and negotiation. However, in doing this they often encountered considerable male resistance.

Gwen (stable) : "He doesn't particularly accept it. I think it takes him a long time. It takes a long time for it to sink in when I'm trying to explain to him."

These mothers were hampered in their negotiations by an underlying uncertainty about the acceptable limits of support and the status of childcare as work, as in this extract where Gwen emphasises the value of her contributions as wage earner.

Gwen (stable) : "I've taken time off work to look after him, so I'll do that, and I'll do all the things that go with it, and then I'll only do my half of the rest and Karl can do his half. Yes, you see, I can rationalise it to myself, because Karl is a social worker and he's only just qualified, and he's earning less than I was. I'm still paying my half of the mortgage, so he's not keeping me, he's not keeping us."

Direct confrontation was only used as a last resort . Instead, those mothers who were committed to task sharing went to considerable lengths to involve their spouse in parenting by planning and implementing an equal allocation of tasks and by ceaseless negotiation about the fairest and most equitable division of labour.

Deirdre: (stable) "I think I made it clear he was to get up and to get Harry dressed. But then I take over when I come home from work, so I do the bathing and the getting ready for bed."

Fiona (stable) : "It's very busy in the morning. We have a schedule. The person who feeds her, the other one gets the bottles made up because we defrost the milk."

These tactics of direct confrontation and active management were not necessarily more successful than those of mothers who were less aware of a conflict of interests. Their partner's contribution was no greater than that of spouses in less confrontation orientated relationships and they appeared to expend a lot of energy in order to get their spouses to accept a comparable degree of responsibility.

Gwen (stable) : "He'll do things if I ask him or nag him, and he'd like to believe that he does half, like to think he does half.....When Karl does things for him, like not his washing because he doesn't do that, but if Karl gives him a bath or gets his food ready , I'll tend to say, "thanks for doing that". We've talked about it a lot because Karl doesn't say thank you to me when I do things. And I do feel if I say thank you, maybe he'll do it more often. Praise him. It's kind of subtle, managing men."

In the face of resistance, mothers who had become aware of a conflict of interests had to choose whether they should re-define their marriage as based on role equivalents, abandoning the ideal of equality (although to do this meant that they had to live constantly with conflict) or to look for a solution outside the marriage. For the mothers who had the necessary resources this took the form of paid domestic assistance:

Gwen (stable) : "Well I've just had a cleaner in on Monday. I've decided to get a cleaner because.."

Researcher: "That's the solution, rather than getting him to do it?"

Gwen : "But it's not a solution in a way. It's still the same thing, like I'm still in charge of thinking about what needs doing and asking her to do it."

This solution, as Gwen acknowledges, does not address the central problem of lack of support, it simply relieves the woman of some of her responsibilities by substituting the labour of one woman for another. Mothers who strive for equality confront the same problems as those who avoid conflict, in coming to terms with structural inequality within an intimate and notionally mutual supportive relationship. While they may define the problem in terms of conflict, they are limited in the extent to which they can challenge inequality by their commitment to the relationship, which they take the responsibility of maintaining.

3 c ii) Mothers in conflicted sexual relationships.

For the most disadvantaged mothers the gender differences in the allocation of power and resources are nearer the surface, and are only thinly disguised by

romantic justification. The mothers from the ex-care group had, in general, lower expectations of support from their sexual relationships. These expectations were built on a realistic appraisal of the benefits which were likely to be derived from these relationships, based upon their previous experience. Few could recall being offered either financial or emotional support in previous relationships and all but 1 had had experience of violence in their previous relationships. Their current relationships were characterised by instability : 7 of the mothers were either in unstable (frequently disrupted or of short duration) co-habitations, or were living alone at the time of interview. They had therefore had no opportunity to create a view of their sexual relationship as normally supportive. In their accounts they treated male company as a stressful luxury rather than as a means of support.

Sharon (ex-care) : "I've never lived with a bloke, but I think that I cope much better on my own than I would with a bloke around."

These mothers relied primarily on family and friends for support, and often perceived sexual relationships as too costly since they represented a drain on their already over-stretched resources .

Marie(ex-care) : "They don't like bathing, getting up in the night , nappies, getting up at five o'clock to give them their bottle being there when they wake up. Because if you've got a baby , and he wakes you up at night then you are always worrying in case it wakes him (partner) up. Um and you've got to spend as much time with them, because you've got to start cooking their dinner , and you've got times more washing. It's not worth it..... My mum always helped me if I needed anything . You just have to go up there. We just help each other."

For these mothers, both their children and their sexual partner represented a potential drain on maternal resources, and their needs were seen as conflicting rather than as complimentary.

Marie (ex-care) : "She'll give her boyfriend all her money before she buys any food for her baby or anything I said to her, "You shouldn't do that - You should always put your baby first before anybody."

Tracey (ex-care) : "Well a girl over here she'd only been going out with this bloke for two months, and he give her son a black eye, and he got put in hospital and he got put with foster parents, and she still chooses the boy - not her little boy . She still chooses her boyfriend."

Because of their low expectations of male support, these mothers appeared to accept the total responsibility for childcare, seeing men as having little or no role in their child's upbringing.

Sharon: (ex-care) : "A man could really love his kids but not pay any attention to them."

Their response to relationships was essentially fatalistic and was based on a realistic appraisal of the support they could derive from their sexual relationships. Without the expectation of support (however limited) which characterised more mutually supportive relationships they had no common ground on which to negotiate or to effect change.. Therefore the strategies of negotiation, confrontation and management employed by mothers in stable relationships were not open to them. Their accounts reflect the powerlessness of their position.

Martina: (ex-care) " I'm still wary but what can you do? Steve he's really bad when he's drunk, but he's alright when he's sober. He goes out and gets drunk and he hits me and I'm really frightened then, but its not all the time. Its about once a month or every few weeks."

Without the veil of mutuality, it was easy for this group to perceive the inequality in their relationships with men. However, their experience of violence at the hands of present or former sexual partners meant that they were aware that they had no effective means of negotiating for support which could not be countered by their partner's physical violence

Belinda: (ex-care) : "He was alright, but no matter how big or small the argument he would always turn nasty."

They were often at a loss to account for their choice of partner, or the benefits if any to be gained from staying in the relationship:

Researcher: "Was there something nice about him, at one time?"

Belinda (ex-care) : "Maybe he had a maybe he was ... I don't know. I knew him years ago but I don't know what made me go out with him."

Whilst they were unable to describe the benefits to be derived from their involvement with their sexual partner, they were aware of the heavy costs involved in leaving these violent relationships:

Belinda (ex-care) : "I tried one night to go and take him with me.(the baby). And he (partner) came home and I got caught red handed . He dragged me in and he beat me up as well when I got back in."

The input from these partners seemed to be totally negative and mothers were relieved when they were not around:

Researcher: "So you're quite happy when he goes off for a few days?"

Martina: (ex-care) : "I don't mind that. I'd rather that than that he was hanging round here with his mates all the time. Getting drunk all the time."

However, even these mothers were engaged in constructing an 'emotional script' for the relationship, creating a rationale for their partner's behaviour and often using personality based explanations to account for their actions. In this way they attempted to distance the violence they experienced from the relationship itself by describing violence as a personality trait, or as a response to lack of control induced by drink or drugs rather than as an act of will:

Belinda (ex-care): "He didn't want me to have a kid straight away. But he beat me up because he was a violent person."

Martina (ex-care) : "Yeah he only gets violent after he's been out drinking. He goes out with his mates."

Ultimately these mothers were accepting responsibility for a relationship whose consequences for them are almost entirely negative, and for this reason they also accepted the responsibility for the violence within that relationship.

Researcher: "Does Des hit you then?"

Di (ex-care): "Yes. Not so much at the moment. It's because I can wind him up to a state."

Their lack of effective power and the absence of mutuality meant that they were forced to rely on practical rather than emotional strategies in their negotiations with their sexual partners, as in this extract in which Martina describes the way in which she has retained control over her housing and her finances.

Martina (ex-care) : "Now I kick him out the moment he starts hitting me. He stays away then for about a week. I'm not having it..... He used to get the money and just spend it on drink. So now I claim in my name."

They also used legal and structural solutions in order to minimise the damage inflicted upon them in their relationships:

Belinda (ex-care): "I got the injunction out when he started making phone calls. Because he knows my number, and he started making threatening phone calls."

Researcher: "Saying he was going to hurt the baby?"

Belinda: (ex-care) "No, he said he was going to kill him."

In these accounts, the power base of the relationship is clearly visible and any illusion of mutuality is lacking. Power *within* the relationship resides almost exclusively in the male and the exercise of violence operates as a form of social control, which both perpetuates the inequality in the relationship, and effectively prevents the woman from obtaining adequate alternative support (Kelly, 1988). The violence, conflict and lack of mutuality in these relationships meant that mothers had almost minimal power to negotiate within the relationship. In order to effect change they were forced either to abandon the relationship altogether or to appeal to sources of power outside the relationship in order to protect their interests. These external source of power could then be used to bolster women's control *within* the relationship, for example enabling Martina to force her partner

to leave when he became violent, by drawing on the implicit threat of police intervention.

The different strategies adopted by women in stable and conflicted relationships illustrates the way in which overt conflict can unmask structural inequalities in gender relationships, and force women to recognise the impossibility of addressing these problems on a purely personal level. Where conflict is hidden and there is some semblance of mutuality within the relationships mothers' negotiating strategies will focus on changing attitudes within the existing relational framework. However, in relationships where conflict is overt and where mutuality is absent mothers will be forced to abandon attempts at negotiation and look for solutions outside the relationship.

4 Alternative Sources of Support

In the absence of effective support from the sexual relationship mothers must seek out alternative sources of support. However, the dominant ideology of gender not only defines the limits of effective support within the sexual relationship but also defines mothers' access to and use of alternative sources of support.

For almost all the respondents the nuclear family and not the extended family was the main focus of meaning and support, and other sources of support were seen as clearly subordinate to that offered by the nuclear family. This is most clearly illustrated in those situations where there was conflict in the sexual relationship. In these situations the extended family often placed *additional* burdens on mothers by defending existing gender role prescriptions, and underlining the attributes of good motherhood.

Deidre(stable) : "Thinking of my extended family they would just reinforce the man. All they would say would be to the woman, 'pull yourself together'. They'd come and take over because I was lacking. My

mother thinks its absolutely wonderful that Ken does the cooking. I have to keep quiet about how much he actually does."

The husband's family in particular were perceived as reinforcing the traditional female role.

Fiona (stable) : "His mother sees me as responsible. Or when they realise that he's done it, or he has cooked dinner, the praise he gets is just extraordinary."

Fathers and fathers in-law reinforced gender stereo-types by confining themselves to traditional male tasks.

Marian (stable) : "He keeps out of the other things, but he likes to sort of play with him, (the baby) he's really good with him, he's sort of doting on him."

This equivocal support, in which help was offered within proscribed limits underlined the mother's primary responsibility and increased her sense of isolation creating a pressure to succeed as a mother whatever the personal cost. Even violence in relationships did not necessarily bring protection from friends or family.

Belinda (ex-care): "Even his Dad and his step Mum didn't want to help him . Everyone just kept well clear."

Lone parents were also affected by this definition of the sexual relationship as central, since their situation was seen as deviant.

Kim (stable) "People that think that you are unmarried and I don't know, that you live in this sort of place , and you are nothing you know, but to me, I've still got a little bit of dignity left you know. I still feel like I'm something , and up to a certain extent she (the health visitor) used to put me down she used to make me feel small."

Friends could provide an alternative to this social pressure by reaffirming the mother's sense of personal autonomy, and friendships were an important source of support for many lone parents. However, the isolation of new parenting limited the mother's ability to form and maintain friendship ties.

Anne (stable) : "I mean Sean still goes out for a drink in the evening with his friends. I don't do anything that I used to do. I used to play squash and do aerobics and all sorts but I don't do anything any more."

Few mothers had intimate friendships which could offer the kind of support which might have acted as a buffer to stress in the primary relationship. In addition, the mothers' primary identification with motherhood and their tendency to see parenting difficulties as a sign of personal failure meant that many mothers felt obliged to present themselves in terms of the ideal even to close friends.

Eve (stable) : "This image you have when things are bad, that everyone else is waving while you're drowning, and they're notWhen people ask you how you are you always say , 'Oh, I'm ok'. I mean, people do, they never say, "I feel really depressed today", or , "I'm having this problem."

Deidre (stable) : "I think the conspiracy of silence is almost worse than the work or the exhaustion."

By reinforcing mothers' dependence on the sexual relationship, family and friends could enhance male power, and the inequality in sexual roles. Few women were able to step outside the structural and emotional boundaries of their identification with the sexual relationship and obtain effective support elsewhere.

5 Conclusion

The accounts which mothers give of their support relationships following the first birth, and in particular of their relationship with their sexual partner, are indicative of their struggle to come to terms with the unequal allocation of power and status within the context of a close and notionally reciprocal relationship. Mothers' relationships with their sexual partner are embedded in inherent structural imbalances in gender roles which bring about an unequal distribution of power and resources (Leonard Barker & Allen, 1976). This structural inequality permeates mothers' intimate relationships and defines the limits of legitimate support as women negotiate for scarce resources of time and energy at a time when their social and economic autonomy is depleted. Thus, as Brannen and

Moss (1991) have noted, women are forced to accommodate to the inequality in gender relationships by resorting to strategies which enable them to minimise criticism. The strategies which women adopt in negotiating for a fairer share of resources within the relationship will reflect their subordinate status, and will tend to be oblique rather than direct, since women are ultimately in a more vulnerable position than men in their sexual relationship (Comer, 1974).

As Lukes (1974) has argued, those who are in a position of dominance can influence the very world of a subordinate group or individual and can define the legitimacy of their grievances, thus averting obvious conflict. The subordinate group are either unable to imagine an alternative, accepting the situation as natural and unchangeable, or come to see it as beneficial to their interests. This process is clearly illustrated in mothers' accounts in which, because of their identification with the role of the 'good mother' they are unable to step outside their experience and to question the way in which their role is constructed.

The dominant discourses surrounding motherhood are based on a *male* construction of women's experience which therefore reflects a view of motherhood as men think it *ought* to be rather than as it is experienced by women. It is because their experience is constantly mediated through the gaze of men that it can be defined in ways that are external to and therefore alien to women's experience. The male definition of motherhood as effortless and naturally fulfilling ignores women's experience of stress in motherhood precisely because it is externally derived. A task which is effortless requires no support, and this both invalidates mothers' distress and obviates the need for any serious male involvement in parenting. Therefore, although the sexual relationship was seen by most as the primary support relationship, the imbalance in gender roles severely proscribed the amount of effective support which mothers could derive from it. Because of male power to choose to what extent and in what way they

would participate in parenting, the onus was on mothers to negotiate for this support, and to re-pay the 'gift' in some way within the currency of the relationship. Mothers therefore expended a lot of emotional energy in inducting their partners into the parenting role and making it palatable for them. In many cases the onus on women to support and service men meant that the sexual relationship created rather than diminished the work of parenting, as mothers sacrificed their own needs both to their child *and* to their spouse. This is reflected in the sense of emotional release which runs through mothers' accounts of time spent alone.

Fiona (stable): "About the only time I have on my own is when I'm driving to college on a Friday. It's wonderful, just me. And I listen to radio 4 on the radio and just do what I want."

Anne (stable): "I get an hour then on my own. It's quite nice. I know he's in bed asleep and I know I don't have to make conversation or make cups of tea or whatever. I sit on the sofa, and sometimes I fall asleep watching the telly."

In their accounts mothers struggle to come to terms with an experience of stress and work which is incompatible with the designation of the sexual relationship as primarily supportive. While most mothers retained their definition of this relationship as supportive in spite of their experience of stress, mothers in unstable relationships or those who were lone parents did not appear to expect much mutuality within the sexual relationship. This view seemed to be the product of bitter experience rather than of any initial rejection of the notion of mutuality.

Di (ex-care): "I don't believe that any man should hit a woman. Anyone. I didn't understand. I thought it would be easy to walk away from a person who had hit you, but it's not easy, it's hard. Especially if you care about the person."

These mothers had been subject to the same romantic discourse of fulfilment through sexual intimacy as the mothers who were currently in stable

relationships. However, their experience of sexual relationships had been so markedly at odds with this ideal that they had been forced to abandon the idea of mutuality in favour of a more pragmatic, defensive attitude to sexual relationships.

Marie : "In the end I just had to tell him. I said, "take all your stuff" and he went. He didn't have nowhere to live, that's why he came here. Afterwards I found he was living somewhere .He was living with his girlfriend."

Researcher: " Would you bother with anyone else ?"

Marie: "I'll just have Marcus (baby). My friend said, "you should go out one night" but I said, "no". It don't bother me about going out. It's just not worth itI might as well just stay in and watch telly. You have to find out if they like the baby. Half the time they do like them, and in the end they turn round and they're horrible to them. Like if you've got a bloke and he don't like the baby then you're just going to take it out on the baby . I watch people doing that."

In their accounts many of these mothers treated their present or most recent sexual relationship unequivocally as a source of stress rather than as a means of support. However, they were still bound by their belief in the sexual relationship as a *potential* source of support, and still had hopes of finding the 'right' man who would give them the support they needed.

Paulette : "Yeah, well I'm seeing this black guy at the moment. I think I'd like to find a nice white guy. I think they are more understanding. Like the guy I used to go out with, I could really talk to him sort of thing. With black guys they are just after one thing and go as they please."

Similarly Belinda described her high hopes for her present relationship in which her boyfriend was less violent to her than her husband had been.

Belinda : "I'm hoping to get re-married to him. I'm hoping to.... That's if I'm lucky."

The accounts which mothers employ need to be seen as grounded in a realistic appraisal of the benefits which accrue from the dominant construction of gender relations and the costs which would be incurred by disrupting it. Women

are prevented from claiming their fair share of resources not only by their own assimilation of gender norms but also by the power of the dominant reality to punish and to categorise as abnormal any deviance from the ideal (Spender, 1980). When mothers try to articulate their dissatisfaction with the maternal role they are often met with disapproval from family, friends and professionals who all conspire to reinforce the ideal of the good mother. In addition, mothers in stable relationships have a commitment to the relationship which is based upon the emotional energy which they have already invested in it, and in their need for affection and emotional support. As long as the relationship is meeting *some* of their emotional needs or as long as they have some hope that those needs will be fulfilled in the future they are unlikely to place its existence in jeopardy.

In their accounts mothers in stable relationships are actively engaged in coming to terms with the lack of fit between experience and ideology, while at the same time protecting their view of their intimate relationships as beneficial and supportive. They are therefore not presenting a consistent, definitive view of their relationship, but instead are trying out a variety of solutions to an insoluble problem as they struggle to come to terms with inequality within the parameters of their existing framework. The sense of mothers trying out a variety of ill-fitting solutions to an insoluble problem permeates these accounts. It is difficult for these mothers to find an objective yardstick against which to measure the paternal contribution, since such objectivity brings them directly up against the inequality in the way gender roles are constructed which places limits on both their ability to understand and to change their experience.

Gwen (stable) : "I don't know if he does his share, it's very difficult to be objective about it."

Jane (stable) : "I used to try to work out in my head what was fair and not reach any conclusions. I still do that a bit now."

The imbalance in power between the sexes left those mothers who had few alternative sources of support particularly vulnerable to exploitation within the sexual relationship. However, this vulnerability was not confined to those women who had no alternative source of support. As Stivens (1978) has observed, the ideological primacy given to the male female bond undermines and devalues the support which women might derive from other kin and friendship ties. Thus for women in stable relationships the experience of mothering simultaneously increases the woman's workload while effectively cutting her off from alternative sources of support, forcing her back on her emotional investment in her sexual relationship. While the stress of mothering may make woman aware of the discrepancy between the ideal of mutuality and her experience of support, there can be no solution to this dilemma within the framework of a gender ideology which obscures the structural basis of men's power behind the ideal of the mutually fulfilling reciprocal sexual relationship. Women who remain in these relationships can therefore only look for solutions which minimise the stress and costs of parenting without disturbing the existing framework of their relationship. Only those who through choice or necessity have abandoned the search for mutuality in their sexual relationship can afford to dispassionately appraise the costs and benefits of men's involvement.

The accounts of many of the mothers who were not currently in stable sexual relationships reflected their current disillusion with the ideal of mutuality. Thus they tended to present a view of sexual relationships which more nearly reflected the gender based imbalance in power and the stress inherent in sexual relationships. However, most of these women had not not entirely abandoned their hope for mutuality. Because of this even those women who had experienced violent and oppressive relationships were tempted to hope for

support from future relationships, hoping against the odds that the next relationship would be different.

This chapter has focused on the meaning and construction of mothers' intimate relationships, and the organization of these relationships around the ideal of the supportive heterosexual relationship. However, mothers more instrumental relationships with professionals are an important social contact and are an important *potential* source of support during the early months of mothering. This may be particularly true for women whose close personal network is conflicted or deficient. Because of this it is mothers' perceptions of these professional relationships and the support that can be derived from them which is considered in the next chapter.

Chapter 6. Mothers' professional support relationships

1. Introduction

In addition to support from close relationships and from family and friends, mothers rely on professional support in the transition to parenthood. While for many women their intimate relationships within the family are likely to be the most influential, the support offered by professionals, particularly health visitors in the early months forms can be important part of new mothers' support network (Pugh, 1980; Sainsbury, 1975). Professional relationships have a dual educative and supportive function. These functions are distinct yet overlapping and tend to be applied differently according to the perceived need of clients. Professional relationships which are primarily educative in function, for example the health visiting service are universal services, designed to provide guidance for all mothers. On the other hand support tends to be administered selectively to women according to perceived need. Thus professional support is often seen as a fail-safe mechanism through which deficiencies in mothers' personal support systems can be remedied and the interests of both mother and child can be safeguarded. Professional relationships are designed to complement mothers' informal support networks and to provide substitute support for women whose informal support is deficient. In order to fulfil clients' needs professionals are expected to draw on their specialist knowledge and expertise, particularly of medical skills and health care knowledge (Barclay, 1980; Jones, 1979; Robertson, 1988; Robinson, 1982).

Women with good and varied informal support networks are likely to have many of their support needs including their need for guidance met from their informal contacts, they are therefore likely to confine their use of professional support to those areas in which they perceive professionals to have access to specialist knowledge and skills which are not available within their informal

network (Rosenstock, 1964; 1984). However, women with poor informal support systems will have many unmet support needs across the range of support functions, and may therefore lack both expert knowledge and guidance and intimate or practical support. This chapter explores the nature of professional relationships and assesses the ability of formal support networks to deliver effective support in all these areas of support, but particularly to those who are most in need of it.

1a)The role of professional relationships

In order to assess a mother's ability to derive effective support from professional intervention it is necessary to understand the nature of the professional / client relationship. As Frost and Stein (1989) have argued, welfare provision cannot be interpreted merely as an expression of collective good will but needs to be understood as the primary means through which the state relates to families. Professional relationships, like intimate relationships, operate within a given social and ideological context which influences both the definition of appropriate support and the appropriate recipients of that support. The support which is offered to mothers therefore occurs within ideologically defined limits which not only mark the boundaries of professional responsibility but which also define the limits of maternal responsibility and the appropriate contribution of those in the mothers' intimate support network (Donzelot, 1979; Parry and Parry, 1979). There are distinctions not only between but also within professional bodies which will dictate the way social problems are conceived of and dealt with. For example, Taylor-Goodby (1985) has drawn attention to the way in which the medical model of social problems is used by health visitors and only to a lesser extent by social workers and the implications that this has for practice. Therefore, professional relationships need to be understood in terms of the social and economic context in which they are engendered and in the context

of the professional ideology which sanctions methods of intervention and which defines the limits of support.ⁱⁱⁱ⁾

Different facets of welfare provision have had their origin in differing political, intellectual and moral climates. The history of welfare provision has been characterised by the increasing tendency for the state to intervene in family processes and in this the mothers adequacy as a parent has been the primary focus of welfare intervention (Barett and McIntosh, 1982). This focus has its roots in the 19th Century concern with public health and in the Victorian tradition of philanthropy which sought primarily to educate the poor on matters of public health rather than to change their social conditions, or to alleviate the distress of the 'deserving' poor, who exhibited middle-class virtues of thrift and self help, through minimum welfare provision (Clarke, 1973; Jones, 1979). To some extent these dual pre-occupations; education and support of the deserving poor, have survived in present day welfare provision and are reflected in the professional preoccupation with educating mothers, and in the social work concern with both supporting mothers and defining standards of adequate parenting for mothers with parenting difficulties (George and Wilding, 1985).

The history of welfare intervention is also, to an extent, the history of the rise of 20th century professionalism. As Frieden (1970) has shown, professions have certain core features in common. Professionalisation implies the appropriation of specialist knowledge and skills and the establishment of a monopoly of these skills, and of a process of internal assessment whereby professionals may be judged only by a body of their peers. Similarly a professional language evolves which is only imperfectly understood by outsiders

ⁱⁱⁱ⁾In order to gain access to professional definitions of the causes of and the remedies for parenting stress, and the way in which the professional's construction of stress in parenting might differ from the client's view a small number of professionals were interviewed in the pilot study for the research.

and which acts to both consolidate and mystify the professional knowledge base (Becker *et al*, 1961; Jackson, 1971). This knowledge base creates an imbalance in the relationship between professional and client since the professional has within her power the ability to bestow or withhold services which are essential to the clients' needs.

Although professional relationships are unique amongst those which surround new mothers in that they are non-reciprocal and their overt objective is that of support and guidance rather than the mutual fulfilment of reciprocal needs, their effectiveness will depend primarily on the recipient's perception of the quality of the support which is offered. As (Rees and Wallace, 1982; Robinson, 1978; and Rojek *et al*, 1988) have demonstrated, there may be a marked divergence between professional and client perspectives on support. For this reason it is necessary to turn again to mothers' accounts in order to discover their view of the function of their professional support relationships and the amount of effective support which can be derived from them.

As Dale and Foster (1986) have argued, the role of the welfare state in parenting can be understood largely in terms of the *control* of women. Welfare practitioners have consistently reinforced a traditional view of the family in which gender divisions, and in particular the central though subordinate role of the mother are treated as the norm. Linda Gordon (1986) has described the way in which welfare agencies have been active in constructing normative definitions of the family in response to the state's changing cultural and economic needs. As Rustin (1979) has noted, professional intervention into parenting is based on, "the uncritical assumption that the family's functions are a universal imperative and that the good of individuals and society are unproblematically achieved by integrating individuals into 'healthy' families" (p 142). This assumption has dictated a preference among professionals for psychologically based methods of intervention whose aim is to help mothers to adjust to their social situation rather than to actively change it.

This tendency of professionals to emphasise women's psychological adjustment at the expense of social-structural explanations of social and psychological stress gives rise to a marked lack of fit between professional and client perceptions of the meaning of support. A number of researchers (for example Brown, 1981; Mayer and Timms, 1970, 1978) have shown that clients, however, prefer intervention which is based on practical support and which is grounded in a realistic appraisal of the options open to them. This divergence in perspective is likely to be particularly marked for mothers whose parenting stress is coupled with social and economic disadvantage who, because of their pressing social are likely to be acutely in need for practical support.(Hale, 1984).

Because of the power which is conferred on them both by their statutory powers and by their appropriation of an exclusive knowledge base, welfare professionals have an important role in defining the parameters of 'normal' maternal behaviour. This power to define women's behaviour has been noted by a number of researchers. Hudson (1983) noted social workers' definitions of adolescent sexually active girls as deviant, while Miles (1988) has highlighted the way in which medical professions encourage depressed women to define their problem in terms of individual personality characteristics rather than in terms of their social conditions and the quality of their personal relationships.

Because of the strong social and ideological expectations associated with it, mothering is an area in which the professional tendency to define and regulate behaviour is particularly marked. For example, Graham and Oakley (1981) and Oakley (1981c) have described the way that the medical profession actively defines appropriate behaviour in pregnancy and childbirth. Similarly, Hale (1984) and Wilson (1977) have noted social workers' tendency to see mothers as inadequate if they cannot cope with the demands of the maternal role and Binney Harknell and Nixon (1981) have shown that this professional judgment of mothers as culpable if they cannot cope even extends to situations where they are subjected to physical violence.

Because of the professionals' ability to define 'normal' parenting behaviour and the nature of appropriate support, mothers are forced to accept assistance on professional terms. For this reason their ability to derive support from their professional relationship will be influenced by the amount of agreement that exists between their own and the professionals' definition of parenting problems and their solution. Where there is a conflict in perspectives, a mother's ability to exercise autonomy in decision making is likely to be determined by her access to alternative sources of support and by the power of professionals to impose sanctions and to punish deviant behaviour.

Mothers' perceptions of the usefulness of professional support are the main focus of the analysis in this chapter. However, these perceptions are organized around the social and ideological construction of professional support relationships. The power of professional ideology to define what is normal and what is deviant in mothers' experience is seen as crucial to the understanding of the effectiveness of professional intervention. This professional ideology will be influenced by wider discourses of maternal and gender ideology, but like the ideology of the 'good mother' the importance of the concept lies in the lack of fit between the externally derived professional view of the women's experience and the women's own perspective. This lack of fit is likely to have important consequences for the amount of effective support which can be derived from professional relationships.

2. The focus of professional intervention

The primary welfare agencies in the U.K each have a responsibility for supporting mothers in their parenting task and for the promotion of maternal and child welfare. These responsibilities were laid down in the 1940's with the establishment of the welfare state in Britain. At this time health visitors became associated with preventive work with all mothers, while social

workers were associated with the protection of children and the support of families with parenting difficulties (Loney, Boswell and Clarke, 1984).

Currently responsibility is divided between,

a) Hospital based medical professionals. Hospital medical staff including doctors, nurses and midwives who take responsibility for mothers and babies in the ante natal and early post natal period, and whose primary concern is the health of mother and child.

b) Community based medical professionals. Health visitors and G.Ps, responsible for monitoring child health and supporting mothers in the months after the child's birth, and who retain responsibility for child health until the child is 5 years old. Health visitors have been assigned a preventive role, providing anticipatory guidance, preventing the development of conditions through screening, assessment and parental involvement, and preventing the deterioration of existing conditions.

c) Social workers who have responsibility for families who experience particular parenting difficulties, or where there is concern about a child's welfare.

The difference between the health visitor's and the social worker's role is primarily one of emphasis, the one upon education and the other upon intervention. The health visitor's role tends to cease at a point where the limits of her educative role have been reached and intervention becomes necessary. In practice health visitors and social workers are likely to work together, both providing a degree of monitoring and support although it is social workers who have the ultimate decision about the necessity for intervention (Clark, 1973; Curnock and Hardiker, 1979; Robinson, 1982). For the most part professional intervention for women in the present study took the form of support and education throughout the ant-natal and early post natal period and medical intervention at the time of the birth.

2 a) Professional contacts.

In order to understand mothers' relationships with professionals it is first necessary to identify the nature and extent of mothers' professional contacts, and secondly to understand the way in which mothers perceived professional intervention. Mothers had contact with a range of professionals (see table 6(i)). Three main areas of intervention were identified a) Preparation for and support through the birth experience (this includes ante-natal care) b) Support for parenting and c) Support for mothers who have parenting difficulties. These areas will be dealt with separately in order to identify the nature of professional intervention, and to review mothers' perceptions of the effectiveness of that intervention.

Professional contact	Up to and including the birth	Post-natal care
Health visitor	24 (15 stable, 9 ex-care)	25 (15 stable, 10 ex-care)
Midwife	25 (15 stable, 10 ex-care)	25 (15 stable, 10 ex care)
G.P	25 (15 stable, 10 ex-care)	25 (15 stable, 10 ex-care)
Hospital doctor	22 (13 stable, 9 ex-care)	5 (1 stable , 4 ex-care)
Anaesthetist	2 (1 stable, 1 ex-care)	0
Probation	0	1 (ex-care)
Social worker	5 (all ex-care)	5 (ex-care)

Table 6(i) Professional contacts

3 Support up to and including the birth

3 a)Professional Intervention

3 a i) Ante-natal care

Antenatal care was provided by a combination of either G.Ps, midwives and health visitors or hospital based medical staff. In the ante-natal clinics mothers had the opportunity to meet and to establish rapport with the professionals who

would see them through the birth and would support them afterwards. The focus of pre-natal care was on preparing the mother for birth and to a lesser extent preparation for parenting. Only 2 (stable) mothers mentioned that child care had been a feature of their pre-natal care. All but one (ex-care mother) had attended one or more ante-natal clinics.

3 a ii) The birth

All but 2 of the births were hospital births. One stable mother planned but was not able to have a home birth. The home births were attended by either a midwife alone, or a midwife and a G.P, and the hospital births were attended by both doctors and midwives. None of the mothers had had their baby delivered by their G.P in hospital although this was an option available to mothers where no complications were foreseen. Mothers' perceptions of professional intervention in childbirth were closely bound up with their experience of the birth itself. Only 10 of the sample (5 stable, 5 ex-care mothers) had straightforward births with minimum intervention. The rest all had some form of intervention ranging from sutures to Caesarian section. Two of the mothers (1 stable, 1 ex-care) had emergency caesarian sections which required additional assistance from an anaesthetist (see Chapter 3 table 3(xi)).

3 b) Perceptions of support

3 b i) The stable mothers

Ante-natal care

Although this was not a topic specifically covered in the interview it appears that all of the stable mothers attended some form of antenatal class, whether through the hospital, at their health centre or through the National Childbirth Trust.^{iv)} One mother received her ante-natal care in the United States. Ante-

^{iv)} A voluntary organisation committed to improving conditions and choice for mothers in childbirth.

natal care was perceived to be effective in so far as it prepared mothers for the birth experience. Only 1 mother cited preparation for the task of parenting itself as a positive feature of their ante-natal care. This was an opportunity for mothers to make decisions about the birth they wanted and to plan their birth. However only 3 stable mothers (those who had chosen home births) had actively planned their birth. These were mothers who had a strong commitment to 'natural' childbirth which they perceived to be characterised by maternal choice and by low levels of medical intervention. These mothers expected and met some opposition to their choice, and were prepared to fight in order to secure the sort of birth they wanted.

Fiona (stable) : "I planned a home birth."

Researcher : "Did you demand a home birth ?"

Fiona : "Yes. I had to persuade quite a few people that it was an o.k thing to do, because I'm 30, and if you are 30 your womb shrivels up and falls out of your vagina, so I did persuade them. My G.P was actually very very supportive. My midwife wasn't."

Gwen (stable) : "I was well enough to be able to have my baby at home . To get that I had to change my G.P because I was at the local health centre, and they wouldn't do it. There was all the horror stories, you can bleed to death in two minutes, and the midwife doesn't like it, and the midwife would say the doctors don't like it."

Most of the stable mothers exercised little choice in planning their child's birth although they all attended clinics regularly. Only 2 mothers recalled having made any active choice in the pre-natal period when they were asked to choose between having their baby delivered by either their G.P and the community midwives in the hospital, or by staff attached to the local maternity hospital. For first time mothers the birth is an unknown experience in which they anticipate pain and a certain amount of danger to themselves and to their child. The stable mothers' relationships with professionals in this period were therefore characterised by a dependence on professional knowledge and skills to prepare them for the birth and to help them to give birth to a healthy child. In their

accounts they stressed their lack of knowledge as the primary reason for their unwillingness to exercise choice.

Denise (stable) : "You go, and you don't know what they are going to do to you, and they say do you want G. P unit or do you want shared care ? You don't know anything about it really, so you have to make a choice. And only because I knew my sister in law had had shared care and it had all gone alright. That's how I thought of it. If I know somebody who has done it."

Mothers appeared to look primarily for re-assurance and guidance from their ante-natal care, and thus such care was perceived to be unhelpful when it increased anxiety by offering misleading or worrying information.

Deidre (stable) : "I was quite glad that I saw my G. P all through, because every time I saw the hospital doctors, they said really stupid things. Like they went by the scan dates and said the baby will be born on April 16th which was a couple of weeks before the real date. And they were thinking of inducing me a week after that. And "you've put on too much weight. You've put on two stones, and that's way above the average." They took no account of the previous history and the previous weight which was way below the norm. I went to him (my G.P) mostly, and then I had to go to the hospital. And they said stupid things to irritate and worry."

Few stable mothers felt confident enough in the ante-natal stage, to identify the type of professional intervention they preferred or to challenge professional authority and to insist upon the kind of treatment they wanted.

The birth

This dependence on professional expertise is perhaps most acute at the time of the birth when mothers are at their most vulnerable. For some stable mothers, especially those who felt ill-prepared for the birth, the birth was associated with feelings of panic.

Kathy(stable) : "I was terrified all the time . I think they prepare you in a way as much as they can but there were things I felt I'd wished I'd known . I know they go on a lot about the pain. It is going to hurt, don't forget it is going to hurt, but with me it wasn't that that was the problem. It was the feeling of panic. I was just so frightened that I was panicking all the time."

Judi (stable) : "I suffer from anxiety which doesn't help. I've had it all along but not too bad. But it started coming on a year ago so I couldn't have gas and air. I don't get it all at the time - but if I get panicky I just think my heart is going to stop. It's such an awful feeling . I just think I'm going to go mad."

Again mothers looked for re-assurance and guidance from professionals and accorded them a marked degree of authority in decision making

Kathy (stable) : "She (midwife) was no nonsense, you'll do as you're told. Oh yes that's what I need. I'm one of those people who, faced with a decision I'll shilly shally for months. I'd still be lying there."

All the stable mothers reported experiencing some pain in childbirth, although this varied in intensity. It was therefore of primary importance that professionals should respond quickly and sympathetically to mothers' requests for pain relief.

Deidre (stable) : "They went immediately and called for the anaesthetist and she came in about 10 minutes. That was good. I was impressed with that."

However, because they were in control, professionals were able to refuse requests for pain relief if they felt it was unnecessary or inadvisable.

Claire (stable) : "And I had, I did it cold turkey (laughs) I didn't have anything."

Researcher : "Nothing at all?"

Claire : "No. I did ask."

Researcher : "And they wouldn't give you anything?"

Claire : "Well...."

Researcher: "That was in America, was it?"

Claire : "Yes, and I had heard that they were the opposite, that they did, I mean, they were very fond of C. Sections. The hospital that I went to, like 20% of all births were C. Sections. But they were for natural birth, and just the stages were happening so quickly, and I mean, it did hurt; I kept saying "Can I have something?" and they kept saying "No, no, you're in the next stage, don't worry." And I kept saying to Pete "I really mean it. Tell her I really mean it, I want something."

Because of the marked imbalance in power during the birth between mothers and professionals, the doctors and midwives were able to define the characteristics of a normal birth and of appropriate maternal behaviour in

childbirth. As Oakley and Houd (1990) have argued, birth is currently at the centre of a confrontation which has developed between 2 models and philosophies of childbearing. In one, pregnancy and birth are areas of life that belong to the medical profession: they are abnormal, disease-like conditions of the body, requiring expert management and control. According to the other model, pregnancy and birth are part of ordinary life experience to be defined and controlled by mothers themselves.

The confrontation between these 2 philosophies of childbirth can be seen in the stable mothers' accounts. Many of the stable mothers emphasised the importance of 'natural' birth, that is without drugs or excessive medical intervention, and for them this constituted a 'normal' birth. However, because of the power of professionals to define the course of the 'normal' birth, these expectations were seldom realised, and mothers had to come to terms with a more highly medicalised view of childbirth. The medical professions' power to define what is normal is, as Oakley and Houd (1990) argue, based on their power to define risk in childbirth, and to characterise birth as a life endangering event. Because of their strong commitment to their child's well being mothers were powerless to counter this argument and had to accept whatever intervention was seen as necessary for the child's health and safety.

Anne (stable): "It wasn't at all what I expected."

Researcher: "What were you expecting?"

Anne: "Well I made up my mind that I wanted no pain relief, and that I wanted quite a natural normal birth, but it didn't quite go like that because he didn't want to come into the world, and he had to have a forceps delivery."

Such intervention increased mothers' helplessness and feelings of vulnerability and underlined the imbalance in power between professional and client.

Marian (stable) : "When my waters broke they were green so they rushed me in because he was in distress up there, and I had to go on a monitor. That was the only bad thing about it, I couldn't move around I had to sit in one position all the time with this monitor attached."

Kim (stable) : "Yeah, I thought an epidural would be easy, but, you know when someone is sitting on your stomach and you can't move, and it's a joke at first and then you want to move, you just can't go anywhere, and I just felt trapped, and that anyone could do anything to me that they wanted. I couldn't move."

Four of the stable mothers were trained nurses and because of this they were able to negotiate with their carers from a comparable knowledge base. However, even these mothers were dependent on the judgement of the professionals around them.

Anne (stable) : "They just said I needed an epidural because I needed a forceps delivery. I did talk to the anaesthetist about it and she knew that I was a nurse, and that I wasn't that pleased about it. But she was very nice. I was worried about the epidural for me and the forceps for him."

The power of the medical profession to define the birth experience extended to mothers who had planned home births. One such mother had her baby in hospital because the child was more than 14 days overdue, and it was therefore judged to be necessary to induce the birth. Even those mothers who had fought for and obtained a home birth were still at the mercy of individual midwives who might have their own views about the advisability of intervention.

Researcher : "Were you quite keen not to have too much intervention?"

Gwen (stable) : "Well she broke my waters as well, that was the one other intervention, because she told me it would make the contractions work better. But in retrospect I think she wanted to speed me up, because she had tickets for the ballet that evening."

Mothers were most positive about their relationships with birth attendants when they felt they were consulted in a meaningful way, and when they took the time to explain the reason for various forms of medical intervention.

Fiona (stable) : "The housemen and the registrars were great, they were sort of, uh, relaxed sort of bunch and they said, you know, 'you've got a choice, but we would advise you to be induced' and so I

thought well, they've done it lots of times, I've never done it before, and I think I was fed up with walking up and down as well by this stage. I was getting a bit tired."

Conversely, mothers were most negative about birth experiences in which there was a lack of consultation and in which they were given inadequate information about medical procedures and interventions.

Claire (stable) : "She said she was going to think about giving me an episiotomy, and as she was thinking about it, she had the scissors in her hand, and she just did it."

In spite of the failure of the birth to live up to maternal expectations only a minority of stable mothers (3) were unequivocally negative about their birth experience. These were mothers in whom the features of a difficult birth were combined with insufficient pain relief and insensitive professionals who underestimated their distress.

Judi (stable) : "It was dreadful. I was in so much pain . They didn't know whether to give me an epidural or not. The awful thing is, you are laid there on this bed, and there is this bloody clock straight in front of you, and it seems like hours."

Researcher: "And you had no epidural - You had nothing at all.?"

Judi: "I had nothing at all. They were giving me internals every half an hour which didn't help. They tried to get him out. At ten o'clock they had the idea that he had moved and was on his way down. I was in a hell of a lot of pain, so they said they would give me an epidural. And then they said we haven't got time for an epidural, so they gave me a local anaesthetic instead. So at twenty five past ten they gave me this, and just my leg went dead. And they hadn't got time for anything else, and so you know the things they unblock the drains with? I said, "what are you going to do with that?" They said, "we are going to get the baby out" . So they used this suction cap and forceps. It took 3 minutes then They could have given me an epidural sooner."

A further 3 mothers had reservations linked to medical intervention at the time of birth and 9 found it overall a positive experience. Even when they were dissatisfied the stable mothers expressed little outright dissent. This was reserved for occasions of *extreme* stress.

Fiona (stable) : "They said they would have to do a caesarian , and the only bad thing about that was that the epidural didn't work and as they sliced into me I felt it.I screamed, and my hand, and Matt was going, "Fiona, try not to de-sterilise it", and I said, "sod the bloody theatre, they can re-sterilise it, it hurts".

This reluctance to challenge professional authority appears to be closely linked not only to mothers feelings of dependence, but also to their expectations of the birth and of appropriate maternal behaviour during childbirth. In their accounts of the birth experience mothers appeared to be responding to an identifiable discourse of 'normal' birth as a positive and rewarding experience. Because of this, and because of their identification with the mothering role and their consequent subordination of their own needs to those of their child mothers often felt obliged to minimise their distress, and to present their experience in a positive light.

Tess (stable) : " It wasn't as painful as it looks that you groan - and you're crawling around the floor on all fours. I tried to explain, it wasn't as bad as what I was making it out to be."

In order to do this they were obliged to exercise self-control in childbirth so as not to reveal the extent of their pain.

Denise (stable) : "Yes, I did feel in control. I did really. I never did feel like I'd lost control. I always did feel like I was in control. I don't know how much longer I could have gone on, but it was o.k."

Mary (stable) : "Um , I lost control of my breathing I can't remember whether he tried to help me or not."

Because of mothers' dependence on professionals and their uncertainty about their new role, professionals who attended the birth were accorded a key role as arbiters of appropriate maternal behaviour which reinforced mothers' own feelings about the parameters of acceptable behaviour in childbirth.

Professionals typically reinforced values of stoicism and control.

Judi (stable) : "I was in so much pain. My midwife said " Don't be so stupid Judi, you weren't like this before."

Gwen (stable) : "The midwife said, "what's happening do you feel like bearing down ?" and I said "I don't know if I feel like bearing down, I just feel like screaming, so she phoned for the doctor, and she said, "stop screaming it'll only make your throat hurt. It won't do any good."

Researcher : "What sort of things did she make you do or help you to do.?"

Kathy(stable) : "It was getting myself back under control. Breathing and generally calming down."

Since many mothers were ambivalent in their attitudes to pain relief, seeing it as an admission that they could not 'cope' with the pain of childbirth, they looked to professionals to sanction their use of analgesia and were unlikely to dispute a professional decision that it was inappropriate.

Paula (stable) : "At half 12 they said , "you'll have to have a syntocin drip to make it go faster. So they are going to be 3 times stronger, and 3 times as painful, and you are in a lot of pain now aren't you?" I thought I'm really glad you said that because I didn't want to say it, in case they thought she's such a wimp. I said, "I am, I'm in ever such a lot of pain". He (the doctor) said, "you won't be able to cope with it".

In these accounts mothers appear to treat professionals as arbiters of what is 'right' and 'natural' in childbirth, looking to them to guide them through the birth and to set the parameters of acceptable behaviour. In spite of the fact that there was some divergence between mothers' and professionals' views about the appropriateness of medical intervention, there was a considerable overlap between maternal and professional expectations of the birth. Both were organised around a concern for the child's welfare and a view of childbirth as a potentially risky situation for mother and child. Therefore when their own safety or that of their child was at issue, the stable mothers were prepared to defer to professional views of safe and normal childbirth.

3 b ii) The ex-care mothers

For the ex-care mothers there was much less overlap between maternal and professional expectations of the birth experience. Although all but 1 of the ex-care mothers had attended ante-natal clinics, the process of establishing rapport with professionals prior to the birth appeared to have eluded them. None could recall specific advice or a specific relationship with professionals from the pre-natal period. One mother had not attended clinics at all although she had seen her G.P when she was 8 months pregnant. All but 1 of the ex-care mothers

approached the birth with feelings of dread which far exceeded those of the stable group .

Di (ex-care) : " It's funny now but it wasn't funny then because I panicked. I didn't know what to expect."

As a group they had more negative expectations and were more negative in their recollections of the birth experience than stable mothers. Eight out of 10 were almost totally negative in their recollections of the birth as opposed to only 2 of the 15 mothers in the stable group.

Di (ex-care): "When you are up all night and up all day you're not in the best-- all you want to do is to just get rid of it. You just want it all over and done with. All you want to do is to go to sleep straight after and not worry."

Paulette (ex-care): "I hated it. I said I wouldn't have any more ."

Researcher: "Was it very painful ?"

Paulette: "Yeah, people say it's not that bad, but I reckon it was."

Only 1 ex-care mother was positive about her birth experience (she had no medical intervention, and no stitches) and 1 other mother (Cherie) expressed mixed feelings.

Cherie (ex-care) : "I only had 2 stitches. I was only in labour from 9 o'clock to half past 12 so I had it quite easy compared to some poor suckers who are in labour for hours and hours and hours and end up with a Caesarian."

This was in spite of the fact that the ex-care mothers had more straightforward births and less medical intervention than their stable counterparts (see Chapter 3 Table (3xi)). While many of the stable mothers had emphasised the importance of adequate information and preparation, the ex-care mothers appeared to want to know as little as possible about the birth, regarding it as an experience which was best forgotten .

Researcher: "Did you have a lot of stitches ?"

Marie (ex-care) : "I don't know how many stitches I had ."

Researcher : "You don't know ?"

Marie: " I don't want to know."

Rachel (ex-care) : "They said they would have to take me down for an emergency Caesarian. "Do you want me to top up the epidural, or do you want me to knock you right out.?" I said "knock me right out because I don't want to know anything about it".

Perhaps because of this their accounts displayed little understanding of the reason for various forms of intervention.

Rachel : "I had to have a Caesarian.I didn't have any problems. I don't know why."

Because of this lack of a shared perspective with professionals, the ex-care mothers had little common ground on which to negotiate with their professional carers. There was therefore more opportunity for misunderstanding and conflict. The ex-care mothers' relationships with professionals were also characterised by a marked lack of deference and they were prepared to be more critical of professional judgement than their stable counterparts.

Cherie (ex-care) : "I was called immature when I started to push with Laura. I was told that I was nowhere near ready. But I was, and she just wasn't prepared, because I was only in labour 3 hours with Laura."

Di (ex-care) : "I started pushing with Noel. Four nurses telling me that the baby isn't coming. I turned round and I was polite, because it's a different nurse now, I said "excuse me have you ever had a baby?", She said "no." I said "well how the hell do you know if it's coming or not.?"

The underlying discourse of fulfilment through childbirth which was a feature of stable mothers' accounts appeared to be almost entirely absent from the ex-care mothers' accounts. Their accounts reflected alienation both from the experience of childbirth and from the professionals who attended them. Perhaps because of this alienation and lack of understanding, some of the ex-care mothers perceived their carers as actively hostile to them, misinterpreting medical intervention as acts of personal hostility.

Rachel (ex-care) : "They were quite rough with me."

Researcher: "While you were out ?"(under anaesthetic)

Rachel : "I think so. My husband said they used 2 metal hooks to pull it apart to get her out."

Di (ex-care) : "This nurse decided to hep me up a bit. She said the belts would be on for 20 minutes, they were on for 3 hours. I was in agony, and she pulled the belt so tight that I couldn't breathe, know what I mean ? I couldn't move. So I took them off and I went to sleep. She put them on again and this time I turned round and hit her one."

These were young mothers (only one was over 20) who were in a considerable state of panic during childbirth and for whom the birth was perceived as a negative, acutely painful and frightening experience. Without exception their social circumstances around the time of the birth were characterized by acute socio-economic stress. They had neither established rapport with individual professionals nor accepted the discourse of professional expertise which had been assimilated by the stable mothers. Therefore they experienced professional intervention as an additional intrusion upon their pain and panic rather than as means of alleviating their distress or of safeguarding the well being of the child.

4 Post natal care

4 a) Professional intervention

In the post natal period support was provided initially by midwives who continued to visit mothers in the first 10 days after delivery and later by health visitors who took over the task of supporting and instructing mothers. The health visitor was the most frequently cited contact for mothers in the post natal period. Of the 25 mothers interviewed, all said that they had been visited by and recalled some advice or support they had been given by the health visitor.

Although all had been visited by both a midwife and a health visitor, only 9 stable and 4 ex-care mothers recalled any of the advice or support they had been given by a midwife, while all 25 recalled some advice or support from a health visitor. Midwives were mainly associated with help in establishing breast

feeding, although they also gave more general child management advice including advice on child health.

Health visitors were associated with a range of interventions. They were most often associated with advice on the practical management problems of coping with a young baby, but they were also described as counselling mothers with post natal depression, advising on welfare benefits, supporting mothers in unsatisfactory housing, linking isolated mothers into their local community, supporting a mother who had a severely disabled child, and in one case helping a mother come to terms with a difficult birth experience. Health visitors were also called upon to work closely with other agencies, referring mothers to specialist help when necessary, and working closely with social workers when mother and child appeared to be specially at risk.

Most mothers used health visitors to cover the area between health and sickness which they did not feel to be serious enough for the doctor's attention. 60% of the mothers had received advice or support during their child's illness for a range of conditions from pneumonia to nappy rash (50% of the ex-care group, and 66.6% of the stable group). All but 2 of the stable mothers specifically mentioned help with feeding problems. Tables 6 (ii) and 6 (iii) below set out the range of support interventions attributed to midwives and to health visitors. They show a considerable overlap between the support offered by midwives and health visitors in the post-natal period, although because the relationship with the health visitor was of longer duration mothers were far more vocal in their opinions of health visitors' interventions. G.Ps were consulted mainly in cases of illness in the child (6 stable mothers and 10 ex-care mothers, see table 6 (iv)). For 2 of the stable mothers and 7 of the ex-care mothers the health visitor was the first point of contact who then referred the matter to the G.P. G.Ps were also consulted by 2 stable and 2 ex-care mothers who suffered from post natal depression. For 1 stable and 1 ex-care mother the G.P was the first point of contact.

Type of intervention	Number of mothers
Advice on feeding including breast feeding	5 (stable)
Support and advice in child's illness	2 (1 stable , 1 ex-care)
Mothers health problems following the birth	2 (1 stable , 1 ex-care)
General child management advice	3 (1 stable, 2 ex-care)

Table 6 (ii) Summary of mothers' perceptions of midwives' post natal intervention.

Child management	Number of mothers
Advice on feeding , including breast feeding	21 (13 stable, 8 ex-care)
Breast feeding	9 (1 ex-care, 8 stable)
Sleep problems ,	9 (1 ex-care , 8 stable)
Support and advice in child's illness	15 (5 ex-care , 10 stable)
Counselling and Support.	
Rejection of the child	2 (ex-care)
Post natal depression,	4 (2 ex-care, 2 stable)
Difficult birth	1 (stable)
Sleep problems in child	1 (stable)
Emotional support.in violent relationship.	1 (ex-care)
Coming to terms with child's disability	1 (ex-care)
Linking mothers to local community	10 (8 ex-care, 2 stable)
Mothers' physical health.	
Physical difficulties following the birth,	3 (2 stable, 1 ex-care)
Other illness,	2 (ex-care)
Marital violence	1 (ex-care)
Practical help and support.	
Liaison with housing department.	7 (3 stable, 4 ex-care)
Advice on benefits	1 (ex-care)
Gift of baby clothes	1 (ex-care)
Respite care	7 (ex-care)
Child minder/daily fostering	7 (ex-care)
Temp residential care	4 (ex-care)
Day nursery	1 (ex-care)
Referral to other agencies.	
To child guidance.	1 (ex-care)
To voluntary agencies.	3 (stable)
To Psychiatric hospital (re sleep problem)	1 (stable)

Table 6 (iii) Summary of mothers' perceptions of health visitor's post natal interventions.

4 b) Perceptions of support

4 bi) Stable mothers

In the post-natal period midwives and health visitors were perceived by the stable mothers to have a dual supportive and monitoring role, helping mothers to establish 'correct' childcare procedures. Health visitors were primarily valued for help with the main practical management problems of coping with a young baby. This, along with medical advice, was the most frequently cited and most valued area of the health visitor's role.

Only 1 mother from the stable group had had considerable previous experience in caring for infants (she had been a nanny to 2 young children) and only 1 had ever cared for a newborn infant. Four of the sample had had nursing experience although 1 of these commented on how insecure she felt in spite of her nursing training. Thus mothers were called upon to learn a variety of new skills around the time of the birth and had to come to terms with the realities of caring for a young child, and in the early days after their discharge from hospital the stable mothers looked to the midwives to confirm that they were coping adequately with the transition to parenthood.

Jane (stable): "The midwife showed me once and then said right you can get on with it now. It (the information) did stick. I was still nervous, but I felt at least someone had shown me I was along the right lines."

Deidre (stable): "Well she was quite helpful. Well, she was quite positive. She gave me confidence that I was doing it right."

Midwives also had a special role in following up mothers who had health problems caused by the birth.

Anne (stable): "It was quite painful afterwards. The midwives were very good, because they came for about 16 days afterwards. I had nearly 3 weeks of support from them, probably because I had so many problems down below. In fact one of them discharged me and still popped in to see how I was doing."

In the post natal period the stable mothers continued to use professionals to direct and inform their parenting. In this period the balance of power between mothers and professionals shifted slightly as mothers' dependence on professional expertise decreased and they became accustomed to the day-to-day care of their child. As their relationship with the child became more established they gained confidence in themselves as parents and began to question professional advice.

Child management

Feeding was one of the principal areas in which the stable mothers began to exercise choice and to make decisions independent of professional advice in the post-natal period. Thirteen of the 15 stable mothers elected to breast feed. Of these, 3 gave up breast feeding within the first few weeks. Those mothers who gave up breast feeding cited feeding difficulties and fatigue as the main reasons for their choice. These mother expected to be supported in their choice by professionals rather than guided by them and were even prepared to dispute with them if that support was not forthcoming.

Marian (stable): "The day I stopped she came and she was really nice about it. Shesaid, 'it's your decision, if you feel he'll be better on a bottle then it's your decision.'"

Tess (stable): "She could see I was unhappy. He was losing weight and I was getting very frustrated about the way he was feeding. It was making me very irritable and very uptight and very frustrated. She could see that happening so she said, 'fine, alright then'. She didn't say, "no, give it another couple of weeks". I think then I would have got angry and said "no, I don't want to". I didn't have to say that."

Mothers who had chosen to breast feed were also prepared to back their own feelings about appropriate intervention against those of medical professionals.

Gwen (stable): "The next day she came again (the midwife) and she only tried for 2 minutes and said, "You have got to give him water. He's not hungry. You've got to give him water." I don't know what you know about breast feeding and all the rest of it, but I mean current thought is that they don't need water, and it's really bad to give them water. I was really worried about giving him a bottle in case he didn't take the breast. But she was insistent about shoving this water down him."

In the post natal period stable mothers also began to use alternative sources of advice and support. A number turned either to friends or to the National Childbirth Trust for support, both of whom were perceived to be more accessible and helpful than professionals.

Deidre (stable): "I used to phone up the National Childbirth Trust, and they were very reassuring. The health visitor used to just say, "you've got to put up with it." But they were supporting me."

Sleep problems were the second most important area of intervention. Sleep problems in the infant are entwined with sleep problems in the parents, particularly in the mother, and these will affect the mother's well being and ability to parent adequately (Ansberg and Mostel, 1980; Graham and Mckee, 1980; Le Masters, 1957; Oakley, 1979). Most stable mothers described lack of sleep as the most debilitating part of the experience and many mothers located the return of their sense of well being and normality at the time when their child began to sleep through the night.

Claire (stable): "I used to walk along the road and look at people and wonder if they had slept."

Anne (stable): "I was getting up 5 and 6 times a night for 11 months, I used to get very tired."

Effective advice about the management of the child's sleep was therefore a valued form of professional intervention. Eight stable mothers had received professional help with their child's sleep problems (through their health visitor) and all but 1 of them had found the advice useful. If mothers had reservations, these centred on the health visitor's ability to understand the effects of sleep deprivation rather than their ability to offer effective advice.

Kathy (stable): "She was very good about the sleep. I felt she understood about the sleep, but whether she really understood what it was doing to me I don't know."

Advice on sleep problems took the form of techniques for the management of the child's sleeping pattern. While they were effective for the majority of mothers these techniques were of limited use for 1 stable mother whose child's sleep problems were compounded by severe social and housing problems. For

this mother the health visitor's advice was both practically and emotionally unworkable.

Kim (stable): "She was always, "do this do that, just get on with it" you know, and you just can't you know. She used to say, "just bung him in a room and shut the door", but you just can't, because one little cry, it pulls at your heart strings doesn't it? It does, "Just leave him for an hour if it takes an hour" she said, but 5 minutes."

Health

The stable mothers continued to rely on professional expertise in health matters, rarely questioning professional opinion in this area. While G.P's were consulted in cases of the child's acute illness (see table 6 (iv) below), health visitors were used to bridge the gap between health and illness, thus allowing them to fulfil their preventative role.

Eve (stable): "I've sought them out once, um he had an upset stomach a few months ago, and I wasn't over worried, in the sense that he wasn't like ill with it. He wasn't ill but he had diarrhoea, and I took him to clinic then, more really to get him weighed. I was curious to see like if he was losing weight and whether it was something to start panicking about... and I thought if he's still ill in a week I'll take him to the doctor."

G.P's were generally perceived as less supportive and accessible than health visitors, and thus the health visitors were used to test out the appropriateness of medical intervention when mothers felt uncertain about the gravity of a child's illness. One mother whose baby had gastro-enteritis at 3 months recalled,

Jane (stable): "I rang the Health Visitors and they were brilliant. I didn't know what to do with her. They took me down and got me into the doctor's. They offered to come round, it was the support of knowing they were there when I needed them, and if things got really bad then they would know, because I didn't know whether I would be able to tell."

The stable mothers appeared to have a more equal relationship with health visitors than with G.Ps who were perceived to be both more expert and more intimidating.

Jane (stable): "The health visitors seemed easier to get on with. I didn't feel the doctors would help. They couldn't say we'll pop up and see how she is, well I suppose they could I don't think the doctor is

sympathetic at all. I saw a locum, and even the health visitor said, "he won't be sympathetic so don't take it personally whatever he says."

Both health visitors and midwives had an important role in defining illness in the post natal period just as they had helped to define normal pregnancy and childbirth. Thus when they dismissed a problem as insignificant the stable mothers were extremely unlikely to take it to their G.P. For example, all the mothers who experienced health problems as a result of the birth perceived the response from both midwives and health visitors to be both unsympathetic and dismissive.

Paula (stable): "It seems like a small thing, but for me that was the last straw when we tried to make love, and it was so painful and there felt like a ridge where my stitches were and she said, "Well most people wait till their six week check up, but if you really *have* to". Like as if I was some sort of depraved woman you know."

None of these mothers subsequently took their problems to their G.Ps although some of their symptoms persisted for months after the child's birth.

The professional relationship

In assessing the quality of the professional relationship mothers firstly judged professionals on their level of skill and understanding. If these were lacking they were unlikely to build on the relationship or to call on the professional for advice again.

Deidre (stable): "She seemed very capable, and she always gave me sound advice."

Paula (stable): "I mean I'm not going to tell the Health Visitor that her advice was useless but it was useless, and more than that, it made it worse."

Researcher: "So you won't ask them anything after that?"

Paula : "I might, but I'll take it with a pinch of salt. I'm more likely to ring up my sister and ask her."

Few stable mothers turned to professionals for counselling with personal problems, preferring the support of friends and family, or occasionally voluntary groups. Most of these mothers saw health visitors primarily as dispensers of

practical child management or medical advice, and felt that it was inappropriate to look to them for emotional support.

Deidre (stable): "From that point of view you just don't expect too much. You don't expect emotional support. I joined the New Parent Network. I think that was probably the best thing, because other people have got similar experiences, and you sit round and say how awful your children are."

Few stable mothers needed professional support in coping with practical economic or social problems, however, where such support was offered mothers were unequivocally positive about this type of intervention which was perceived as a response to clearly defined needs. Mothers were only critical if promises were made and were either not kept, or there was some delay.

Judi (stable): "We went to the housing the other day, and my health visitor she should have written a letter, which I was annoyed about, because they should have received the letter."

In general, mothers were less enthusiastic about professionals' general monitoring and counselling functions.

Jane (stable): "I would have found some time talking about solids really useful. More valuable than. "how are you , and how are you getting on?" Yet she obviously values that side more than the practical side."

The exception to this were those mothers who suffered from long term post-natal depression which they saw as an illness as well as a personal problem and therefore as an appropriate matter for medical intervention.

This resistance to professionals' counselling is partly related to the stable mothers' expectation of a more equal relationship between themselves and professionals in the period after the birth. They valued the feeling that they were respected, and could share in decision making.

Denise (stable): "She was very friendly, she didn't have the attitude that the midwife had, she didn't sort of storm in, sit down and take over. She did actually talk to me rather than at me."

Gwen (stable): "I've found another health visitor down the road here, who I've just popped in and seen a couple of times, and I find her really helpful and down to earth, and she talks to me as a grown up."

Disadvantaged mothers were likely to be particularly sensitive to any hint that professionals dealing with them might be patronising them.

Kim (stable): "I think she looked down on me a lot. People that think that you are unmarried and I don't know, that you live in this sort of place, and you are nothing you know, but to me, I've still got a little bit of dignity left. You know, I still feel like I'm something, and up to a certain extent she (health visitor) used to put me down, she used to make me feel small."

It was crucial that professionals understood the work and worry of caring for a child, and that they gave advice which was realistic in view of the demands made on these mothers. A number of mothers felt that their health visitor did not understand the day-to-day work involved in child care, and that their advice was therefore of only limited use.

Paulette (stable): "She advised me to wash him with soap and water each time and then let him kick about on a towel for five minutes. She saw my face and said, "what's the matter?" and I said, "that's a bit of a drag isn't it ? and she said, "are you living in bed and breakfast accommodation Ms ?--." and I said "no, no I'm not, sorry, of course I'll do that." I felt really ashamed. I know it sounds silly but it is a lot of work. Especially if you want to get things done."

This problem was particularly acute for mothers who experienced additional social and economic problems.

Marian (stable): "My usual health visitor, she's left now. She understood that I had to go back to work at 3 months, there was no way round it sort of thing, but I think the one I saw, that has taken over, couldn't believe how early I had gone back."

Judi (stable): "The health visitor's solution to post natal depression is to get out, but it's all right getting out, but it's having the money to get out with. There's only certain things you can do without money, taking them to the park or whatever."

The stable mothers' accounts of post natal support again show considerable overlap between the professional and the maternal perspective. While the stable mothers were increasingly willing to express dissent as they became more confident of their parenting ability, they were still willing to defer to professional opinion on basic health and child-care issues. It was only the 2 stable mothers who experienced a marked degree of social stress and who found the advice they were given on child management to be unworkable within their

social situation, who found themselves directly at odds with professional opinion in their definition of and solution to their problems.

Child's Illness	Stable	Ex-care
Pneumonia	0	2 *
Asthma	1*	4 *
Colic	5	0
Diarrhoea	3 (1 *)	0
Ear infection	1 *	0
Chest infection	1 *	1
Bronchitis	1 *	1 *
Nappy rash	1	0
Eczema	1 *	0
Eye infection	0	1
Fits	0	2 *
Mental handicap	0	1 *
Delayed development	0	2
Suspected deafness	0	1 *
Breathing difficulties	0	1 *
Suspected N. A. I.	0	1 *

Table 6 (iv) Illness in the child for which mothers sought professional advice

(Illness for which the advice of a G.P was sought is starred*)

4 b ii) Ex-care mothers

The ex-care mothers' relationships with professionals continued to be problematic in the post-natal period. They either recalled less post-natal advice than stable mothers or were more negative about the advice they had received. They made less use of professional support in coping with practical child management problems and were far more likely than their stable counterparts to ignore professional advice and to exercise their own judgement or to rely on the advice of friends and family. In contrast to the stable mothers, 4 of the 10 ex-care mothers had had some experience of caring for young children, and they may therefore have felt that they were in a stronger position to question professional childcare advice than those without such experience. Their previous experiences had however generally been problematic. Three had been left to care for younger siblings because of their parents' absence or neglect, and 1

mother had a previous child who had been taken into care because of her alleged neglect. They had therefore learned a pattern of childcare which was likely to be at odds with the professional view of good parenting.

Cherie (ex-care): "I used to get to the babies and give them their night feed. My little brother, when my mother took pills and had to go to hospital I looked after Dick. He used to call me Mum. Sue (Health Visitor) got me a book which I didn't read. I didn't need to read it."

Child management

In spite of the views of the medical profession on the benefits of breast feeding, 7 of the 10 ex-care mothers chose to bottle feed from the start, and seemed to be unaware of any advice to the contrary. They also relied on their own judgement or on non-professional advice when it came to weaning. Because of this their feeding practices often ran contrary to professional advice, as is shown by the following extract in which Marie describes her decision to put her child on to solid food at 1 month.

Marie (ex-care) : "I put him on to solids ."

Researcher : "At a month ?"

Marie : "Yeah because the more ounces of bottle you give him it still don't satisfy him".

Researcher : "Mmm. So he was waking in the night crying? Did your Mum tell you to do that ?"

Marie: "Yeah. She advised me to do it so I did it. He's been alright ever since."

Researcher : "So you usually do what your Mum advises you to do ?"

Marie: "Yeah."

Researcher: "Because the health visitors might say something different."

Marie: "They say put him on at 3 months."

Researcher: "But you didn't take any notice of them ?"

Marie: "No (laughs) No -one hardly believes their health visitors."

Only a minority of mothers (generally those who had less contact with their immediate family) consulted health visitors on general management and feeding issues.

Researcher: "When you had a problem with the feeding, did you go to the health visitor?" (Baby wouldn't take solids at 4 months)

Martina (ex-care): "Yeah. They just said don't worry, because she was drinking milk and that and putting weight on that way, as long as she's putting weight on and she's happy, let her carry on."

Sleep problems in the ex-care babies need to be understood in relation to the social conditions experienced by this group, since even normal night time waking could become problematic for mothers who were living in 1 room. One mother described how she walked the streets at night with her child rather than disturb the other occupants in her bed and breakfast accommodation

Martina (ex-care): "She never used to sleep. She used to be up all night you'd have to keep occupying her because I'd be in rooms where there would be people living next door to me. I'd often be stopped by the police at about two o'clock in the morning in the summer in the park. They'd say, 'what are you doing here at 2 o'clock?' and I'd say, 'look I'm in a bed sit on my own with people each side of me who moan, what am I supposed to do?'"

Because these sleep problems were so linked to the mother's social situation they were less amenable to the child management techniques which appeared to work well for the majority of the stable group. However, despite the unsatisfactory living conditions of many of these mothers, sleep problems were comparatively rare. Only 2 of the ex-care group reported sleep problems in their infant, and only 1 had consulted her health visitor.

Health

The ex-care mothers' babies werereported to be more often and more severely ill than the stable group. Only 2 of the children were described as generally healthy. This was in contrast to the stable group where children had relatively minor acute illness (see table 6(iv)). Perhaps because of their children's poor health, this was one area in which the ex-care mother gave some credence to professional advice.

Marie (ex-care): "She was really nice. He had to go into hospital when he was 6 days old because he had an eye infection, but it all cleared up. They was really nice to me."

However, their accounts also revealed a marked degree of disinformation and misunderstanding of health issues.

Researcher: "Did you always bottle feed him ? You didn't try and breast feed him?"

Belinda (ex-care): "No. Well I did. But I can't do it because I've got eczema and I don't fancy him getting it."

Unlike the stable mothers who used their health visitor when they were unsure about the seriousness of their child's condition, the ex-care mothers were infrequent clinic attenders and were unlikely to consult any professional unless their child was actually ill

Paulette (ex-care): "I aint been there for ages. I was supposed to take him up there. The health visitor, she came round last week to see me, and she said I should take him up there, but I don't really like going to those places. It's the waiting. And the people."

While stable mothers most often referred themselves to their G.Ps and were able to distinguish acute from minor illness in their child, the ex-care mothers were more often referred to their G.P. through their health visitor who had made the assessment about the appropriate form of medical intervention. Some of the ex-care mothers appeared to be unable to distinguish minor from serious illness in their child (table 6 (iv)).

Cherie (ex-care): "The one I had to see was Martin's doctor and he wasn't so nice. He said, "why didn't you bring her before? - this baby is seriously ill.". A couple of days later she was put into isolation, and she had bronchial pneumonia. How she managed to get bronchial pneumonia I don't know."

The ex-care mothers themselves were also more frequently and more severely ill than their stable counterparts (see table 6 (v)). However, they were also more reluctant to consult professionals on their own behalf. The ex-care mothers found their relationship with their G.P as particularly problematic, reacting badly to what they saw as the more authoritarian style of the doctor's approach.

Cherie (ex-care): "Me and my doctor have stand up rows we really do. Trying to get me down there is a laugh - If there's something wrong I don't go. I just don't."

Health related problem	Stable mothers	Ex-care mothers
Pregnant	2	3
Post natal depression	2	3
Problems following childbirth	4	1
Physical violence.	0	4
Migraine.	0	2
Hospital admission	0	3
Fainting	0	1
Miscarriage	0	1

Table 6 (v) Mothers' health

The professional relationship.

Practical support played an important part in the professional relationships of the ex-care mothers. Health visitors became advocates of their clients' housing needs for 3 ex-care mothers, all of whom were in temporary accommodation awaiting transfer, and gave advice and support on available benefits to the mother of a handicapped child. This was an aspect of the health visitors role which was always appreciated. Again, mothers' only criticism was if promises were made and were either not kept, or there was some delay.

In contrast to practical support, which was understood and appreciated, the ex-care mothers felt extremely uneasy with the professionals' counselling role, either seeing it as irrelevant or as an attempt at surveillance. The social needs of these mothers were so pressing as to overshadow all other needs, and they were therefore impatient with other forms of intervention. For example, mothers who were counselled for post-natal depression were likely to attribute their feelings to environmental stress, and therefore found intervention based on counselling or therapy irrelevant.

Rachel (ex-care): "All he said was, 'just think about the good things in life, don't think about the bad things, just block them out'. He said, "go for a walk every day. Try to get out as much as possible."
That's all he said."

The ex-care mothers often appeared to lack the ability to negotiate for effective professional support. While many felt that they should have been offered specific advice, they would not ask for it directly.

Paulette (ex-care): "I took him up there a couple of times (to the clinic) but then I just didn't bother sort of thing. They should really talk to you sort of thing. I get worried about him now, after that fit and everything."

Marie (ex-care): "They should tell you how to look after your children, and how to get cheap stuff for them. And like what time..... I know they're supposed to be fed every 4 hours, like when they get older they should tell you how many times you should feed em."

This placed professionals who tried to support the ex-care mothers in the difficult position of trying to guess what advice would be both appropriate and welcome. Because of their inability to negotiate, the ex-care mothers appeared to require a professional response which involved either intensive one-to-one interaction or alternatively a befriending service designed to act as a buffer between the ex-care mothers and professionals in much the same way as the health visitors often acted as a buffer between the stable mothers and their G.Ps.

For these mothers, whose social ties were often fragmented or problematic, professional help sometimes formed the sole basis of their effective social support. However, their accounts reflected a degree of alienation and distance from professionals which was absent from the stable mothers' accounts. Because of the lack of congruence between the ex-care mothers and the professional perspective, professional attempts at support and parent education were, for the most part, perceived as irrelevant or unwelcome. While stable mothers' might disagree with the content or style of professional support, they nevertheless accepted the need for professional intervention into parenting. This acceptance was missing from the ex-care mothers' accounts, who were often at a loss to ascribe any purpose to professional intervention.

Sharon (ex-care): "My midwife came to see me for about five or six days and um she just stayed for about half an hour or that. I didn't get any advice from anyone except what I was told in the hospital."

5 Mothers with parenting difficulties

5 a) Professional intervention

Only 1 of the stable mothers could be described as having acute parenting difficulties related to her social circumstances and to her child's sleep problem (she was a lone parent in homeless families accommodation). For the ex-care mothers the pattern was very different. Seven ex-care mothers had had social work contact and 4 had received active social work support since the birth of their child. Three had a child who had at one time been in care or placed on the child protection register, and 1 had gone through protracted wardship proceedings with her first child. In addition 3 appeared to have been given support as a preventive measure to keep their child from being admitted to care (see table Chapter 4, Table 4 (vi)).

5 b) Perceptions of support

5 b i) The professional relationship

Professional intervention with mothers who have parenting difficulties has a dual focus, firstly on the protection of the child and secondly on support for the mother. Professionals who work in this area have a statutory responsibility to protect the child's welfare and can apply legal sanctions and ultimately remove the child from the mothers' care if they judge that the risks are too great (Jones, 1976). For this reason the imbalance in power between client and professional which could be observed in mothers' relationships with medical professionals was even more marked in the relationship between client and social worker, leaving mothers with little basis for choice, negotiation or dissent. In defining risk, professionals are also engaged in applying definitions of 'good' and 'normal'

parenting, and in punishing those who deviate from these norms. As Parton, (1985) has argued, the term 'client' may be misleading when applied to those who are recipients of social work intervention, since such a term implies the ability of the client to freely enter into a contractual agreement with the professional, to negotiate terms and to disengage from the agreement if the terms of the agreement or the service offered is unsatisfactory. Mothers who feel their parenting is subject to professional scrutiny have no such option since the expression of dissent is likely to be interpreted as further evidence of their inability to parent adequately.

As the analysis in chapter 4 section 2c has shown, the ex-care mothers had already built up a mistrust of social work practice based on their early previous experiences of intervention. All but 1 of the mothers had been discharged from care less than 3 years before the time of interview. Because of this, all of the mothers had vivid recollections of the time they had spent in care. Their recollections of previous contacts with social workers were characterised by memories of what they perceived as professional insensitivity and injustice. For example, 3 felt they had been victimised within their residential placements, and 4 others felt that their trust had been betrayed or that they had been deliberately misled, either about future plans or about the power of the social services to intervene in their lives. Other studies of social work intervention with mothers under stress reveal a similar pattern of mistrust (Brown, 1981; Mayer and Timms, 1970; Sainsbury, 1975), as does Graham and Mackee's (1979) study of attitudes to the child health service.

Their mistrust was compounded by their apprehension about the statutory role of professional caregivers in the prevention of child abuse. This lack of trust interfered with the mothers' ability to use professional support effectively. Six of the mothers never overcame this initial mistrust, which was particularly marked in their dealings with social workers, and were thus unable to form a good working relationship with any professional.

Cherie (ex-care): "I am sorry but I have warned every body, never ever go to social services for help. Go to anybody else you can find, but never ever go to social services."

Di (ex-care): "My real sister has had her kids taken away by social workers, so I'm very dubious."

In response to this fear and mistrust, mothers tried to present themselves in terms which they felt that social workers would find most acceptable.

Rachel(ex-care): "I think if anything was wrong they would sort of come down on me."

Angela (ex-care): "He didn't take knocks because I was here, running round behind him. I was exhausted in the end but I was terrified that if he fell and I couldn't explain, then he would be gone from me."

Their apprehension was, to some extent, confirmed by their experience. Only 3 mothers were in situations where they believed that the primary focus was upon helping them to cope with a difficult situation rather than monitoring their parenting ability. These mothers tended to be more positive about social work contact, particularly when it was accompanied by some sort of practical assistance. Only 1 mother had a relationship of trust with her social worker. This was seen as an exceptional bond which somehow stood outside the normal boundaries of the professional / client relationship.

Angela (ex-care): "She was always a step beyond, even before I had him. I always knew I could go back to her. But she had that much trust in me. Probably another social worker would have took him away I suppose, which would have killed me."

This mistrust of professional intervention posed a real problem for these mothers who were often parenting under conditions of extreme stress, and whose alternative sources of support were fragmented and unreliable. Their fear of misunderstanding meant that they were often afraid to confide in those who could help them even when their needs became acute.

Researcher: "What would you do if you were at the end of your tether?"

Cherie (ex-care): "I wouldn't tell a health visitor, I certainly wouldn't tell a health visitor. A lot of people don't like telling their health visitor, because they've got their job they are sort of authority."

While all the professionals were viewed with suspicion when the focus of the contact was on mothers' parenting difficulties, health visitors who had a health

care role independent of their child protection role were often perceived to be less threatening than social workers. Because of this, the health visitor could sometimes be an important first contact for mothers experiencing difficulties and could occasionally be seen as an ally.

Tracey (ex-care): "Her (friend's) boyfriend, I told him I was going to phone the health visitor because the little boy's eye would only open that much, and the bruise was covering the whole eye. He said "O.K". The health visitor took him to the doctors."

Another mother, who had rejected her baby for the first few months of its life and was aware that the baby came close to being taken into care, was prepared to confide in her health visitor rather than her social worker.

Researcher: "Did anyone know about this?"

Di (ex-care): "Yeah. Health visitors knew. The health visitor tried to help me. She knew I didn't like social workers, she knows I had bad experiences in care."

However, mothers were still very reluctant to confront any professional directly on the issue of child abuse, preferring to seek help from a non-professional source, as in the following account where Marie discusses her friend's suspected abuse of her child.

Researcher: "If it gets really bad you wouldn't say anything to the health visitors, would that be too much like shopping her?"

Marie: "Yeah. It sounds horrible I just feel sorry for him. I said she should tell her Mum and Dad what it's like."

5 b ii) Perceptions of intervention

Because of their difficulties in establishing a relationship of trust with professionals, the support which the ex-care mothers could derive from these relationships was limited. Only 4 ex-care mothers saw social work intervention as supportive while 2 felt that they had been undermined by social workers who had doubted their ability to parent successfully and had also failed to provide practical support. Only a minority of these mothers saw emotional support as an appropriate or necessary form of intervention. Only 4 expected to receive

emotional support from any professional. Of these 4, 2 felt they had been offered support.

Offers of practical assistance were the one area which was perceived to be clearly and unambiguously useful. Seven of this group had been offered some form of respite care; either a child minder, a nursery placement or in one case a break for mother and baby in a local authority hostel. Offers of respite care were almost always appreciated, although they were not always taken up. Four mothers did not take up the offer of respite care, 2 because they felt it was unnecessary and 2 because they feared the social work involvement which it implied. Four were offered short-term residential care, 1 with their child and 3 for their child alone. This was done either through their social worker alone or in conjunction with their health visitor. Those who refused did so principally because they feared the loss of control which it implied.

Martina (ex-care): "They said "could you put her in voluntary care?" and I said, "I couldn't do it". And they said, "you'd get her back" and I said, "I couldn't trust you enough, even if you sign a bit of paper saying I'll get her back I still wouldn't be sure. I wouldn't feel safe or nothing until I could get her back."

Those who accepted offers of respite care found it to be one of the most useful forms of professional intervention. Only 1 mother felt that respite care had not been offered when she needed it. Where practical support *was* provided, professionals and particularly social workers were more likely to be perceived as supporting rather than undermining mothers' parenting.

Because of their social disadvantage this was the type of intervention which the ex-care mothers perceived to be most helpful in supporting their parenting. More than one expressed the view that their respite care was a lifeline for them. Most mothers saw other types of intervention as irrelevant and felt that professionals had underestimated the impact of the social and economic constraints on their lives. Only 1 mother said that she felt that any professional (a social worker) had fully understood her distress.

Mothers were particularly critical of the social workers' tendency to concentrate upon changing their attitudes and beliefs rather than dealing with their pressing social needs, and of what they saw as the critical monitoring of their parenting skills without the equivalent input in terms of practical support. This is illustrated by Martina's account of the circumstances surrounding her child's reception into care:

Researcher: "What should they have done?"

Martina (ex-care): "Given me somewhere to live for a start instead of those horrible dingy wingy bed sits with no room, that would have been a start. Where she can't make no noise because you're next to people who work at night - or people who work in the day and need their sleep at night and all that lot."

All but 2 of the mothers had experienced physical or sexual abuse at some time in their lives, and 4 mothers were in or had recently left violent relationships at the time of interview. For them, protection from violence was their most pressing need and one which they felt that social workers were ill-equipped to handle. Social workers were either seen as powerless to offer protection:

Tracey (ex-care): "I was too scared to tell my social worker in case he (the boyfriend) found out."

Martina(ex-care): "Sixteen is still classed as being in care so I was going to my social worker but wherever I went he (the boyfriend) would always find me."

or were seen as unlikely to take the abuse seriously.

Cherie (ex-care): "Social services knew, but they didn't do anything at the time when I was taken into Renton House. They didn't do anything to him. He was even allowed to come and see me."

The police were the only agency who were seen as being able to offer effective protection from violent assault.

Martina (ex-care): "They've taken him away and put him in the cells, and they kept him there till he calms down. They kept him for about 4 hours and when they know he's sober they let him out again. They know what goes on here and all that and now I've just got to phone up and they come straight round."

In addition to being perceived as likely to underestimate social and relational constraints, social workers were also seen as allocating responsibility inappropriately. Many mothers felt that they were being blamed for situations

which were outside their control. In particular, social workers were seen as ignoring structural gender imbalances, and allocating responsibility for failure equally within sexual relationships.

Martina (ex-care): "They was all looking at me when I was talking-saying," yeah yeah yeah, but Miss Tremaine this has happened before Miss Tremaine. You've lost one child already. You've lost one child already through circumstances of alcohol related abuse". Because that's what it was. Because her father he used to drink and beat me up."

Although they were in urgent need of the additional help which could be offered by social workers, the support which the ex-care mothers could derive from interventions intended to support them in their parenting difficulties was limited. Their feelings of mistrust which were based on their early experiences were compounded by their present fear of social workers' power to intervene in parenting and ultimately to remove the child if they were judged to be unfit parents. In addition they found much of the professional intervention which was aimed at improving their parenting skills to be irrelevant since it did not first address their pressing social needs.

The ability of mothers to derive effective support from these formal support relationships was related to their prior identification with the professional discourse of normal mothering which relied heavily on the notion of individual maternal responsibility. Mothers who were in acutely stressed circumstances, whether from stable or ex-care backgrounds, were those most in need of some effective change in their *social* circumstances rather than personal guidance. They were thus most likely to be at odds with the professional discourse of individual maternal responsibility.

5 b iii) Professional support as a means of remedying deficiencies in informal support networks.

While women with poor informal support networks and high levels of stress might be expected to look to professional relationships for support in order to compensate for deficiencies in the informal network, the lack of fit between

client and professional perceptions of support meant that women who suffered extreme social stress were least able to derive effective support from these relationships. This lack of fit cut across the distinction between stable and ex-care mothers and was primarily related to mothers social class, levels of stress and access to resources. Mothers' stress thus appeared to compound their inability to derive support from professional relationships

As chapter 4 Table (v) shows, professional relationships tended to be low on intimacy and practical support both of which were amongst the most pressing social needs of mothers with poor informal support networks. It is unlikely that formal sources of support can ever meet the individual's need for intimacy, but this is particularly true when they are based on a professional ideal of detachment and objectivity. The problems associated with a mismatch between high levels of social stress and the professional tendency to individualize social problems was compounded for many ex-care mothers by their previous enforced contacts with professionals which had led them to view professional relationships with fear and mistrust, particularly when they felt their parenting had been called into question. This mistrust led them either to avoid professional contacts or to perceive the intervention they received as unsupportive.

As chapter 4 Table (x) has shown, high levels of stress and low levels of support are most often found together. Thus professional relationships do not appear to have the power to make up for deficiencies in the informal social network. Women with poor informal support are also likely to derive little support from formal sources of support. Fragmented social networks particularly in early life can be said to predict poor formal support since although these women may be more often targets of professional intervention it is less likely to be effective and is often avoided or resisted.

In contrast, women who are in low stress situations are also likely to have good informal support networks. These women are most able to derive benefit

from the educative, individually based support which professionals offer. Women in high stress situations who have reasonable access to informal sources of support are also able to perceive professional intervention as supportive, partly because of their socialization into professional norms of individual responsibility and their ability to trust and to defer to professional views, and partly because their primary support needs centre around education rather than either intimate or practical support.

The way in which professional support relationships appear to compound rather than relieve deficiencies in the informal network can be explained in terms of the balance of power between professional and client. The more vulnerable women are and the fewer resources they have both physically and emotionally, the more likely it is that their parenting will be called into question. This was a fear expressed even by mothers in stable circumstances who were under acute stress. For mothers who had neither the physical resources to parent adequately nor access to alternative sources of support, professional relationships became a necessary evil, which were avoided whenever possible.

However, the 2 women in the study who were most isolated (Belinda and Angela) were also the mothers who were most positive about professional intervention. It appears that when there is no alternative mothers with fragmented informal networks *can* derive some support from professional relationships. Belinda for example was totally isolated in her relationship with her violent husband and was therefore prepared to accept professional help as a lifeline. Angela was almost equally isolated at the time of her child's birth having no friends and no communication with either her family or with her child's father. For her, what had started as an enforced relationship based on fears about her ability to care for her child had become a positive relationship in which her social worker had stepped outside the bounds of the professional norms of detachment and had become a friend. However, where mothers had deficient support networks but were not entirely lacking in social contacts, they were

likely to choose these relationships in preference to professional intervention even if their social contacts were predominantly stressful.

6 Conclusion

Around the time of the first birth mothers are likely to be in contact with a variety of professional groups whose aim is to support them during the transition to parenthood. However, the relationship between professional and 'client' is not an equal one. There are structural imbalances in the relationship between professionals and clients which are brought about by the professionals' statutory powers and by their ability to appropriate expert knowledge. This imbalance in power means that mothers who enter into relationships with professionals do so at a disadvantage and that where there is a lack of congruence between professional and client definitions of the meaning of support the professional definition of support is likely to prevail. Because of this, the amount of effective support which mothers can derive from these relationships will to a large extent depend on their prior agreement with professional ideals and methods. The extent of professional power is likely to be directly related to mothers' vulnerability within a given situation. This vulnerability will in turn be determined by the power of professionals to define normal and appropriate behaviour in childbirth and parenting and to sanction parental deviance, and by the mothers' access to alternative resources and sources of support (George and Wilding 1985).

At the time of the child's birth mothers are heavily dependent on professional knowledge and skills since childbirth has become a specialised and exclusive area of 'expert knowledge' in which the mother has lost the power to define her own experience (Graham and Oakley, 1981; Oakley, 1981c). In this situation mothers are powerless to counter professional definitions of appropriate intervention since they feel that they lack the knowledge and skills to do so. In the post-natal period when the main focus in professional relationships is on

mothers' parenting skills, relationships with professionals become more equal, since in this period the knowledge base is more diffuse and mothers are able to draw on their own experience and upon alternative sources of advice and support from among friends and family.

Throughout these accounts it is possible to trace a marked difference in perspective between mothers and professionals about the effectiveness of various forms of intervention. The mothers in the present study shared the preferences expressed by clients in a number of other studies of client perception (for example Brown, 1981; Mayer and Timms, 1970) for methods of intervention which were goal-oriented, rooted in practical support, and where objectives could be clearly understood. Both stable and ex-care mothers valued the practical advice and support that they were given, particularly in the area of child health and management. However, many mothers felt that professionals failed to appreciate the extent of the stress of parenting and the demands which it made upon their time and energy. This problem was particularly acute for the ex-care mothers where the stress inherent in the parenting task was compounded by their social and economic disadvantage and isolation. These mothers were acutely in need of social support which could repair the deficiencies in their informal support networks, however, professional relationships seemed to be unable to deliver either the practical or the emotional support that the women needed. Because of their social disadvantage the ex-care mothers needed professionals who could understand and respond to their distress and who could offer practical support. They saw emotional support as peripheral, and were sceptical about its usefulness, particularly when it was offered instead of, rather than in conjunction with practical assistance. Thus, while practical advice and intervention has often been regarded by professionals as peripheral, or as a way of gaining initial acceptance before embarking on 'real' case work (Lowe and Tasker, 1986), these were the aspects of the professional role which were most widely appreciated by parents whose social needs were so overwhelming

that they were likely to value only those methods of intervention which could directly alleviate their social problems.

As Fuller and Myers (1941) have pointed out, while there may be agreement that particular conditions (for example, perinatal death, inadequate health care or child abuse) are undesirable, there is no agreement on programmes for the amelioration of such social ills. Fraser (1989) has described the crucial role of the state in framing welfare issues in terms of a response to uncritical assumptions about individual's social needs and argues that what is needed is an examination of the discourses surrounding what she calls 'the politics of need interpretation' which would enable us to take apart definitions of need within welfare, and to examine critically the state's response to it. As Rustin (1979) has argued, the origins of the British welfare system are rooted in a social and ideological conflict over the definition of the causes of and the solution to social problems. While the welfare state is founded on collectivist principles which stress the allocation of resources according to need, theories of intervention have stressed individual solutions to social problems. Thus, while professionals concerned with parental support may acknowledge the importance of structural socio-economic factors, they are working within a framework which seeks to modify *individual* responses rather than to change social conditions. They therefore favour psychologically rather than practically based methods of intervention. In addition, as Dale and Foster (1986) have argued, current professional discourses of the needs of mothers and children are based on the uncritical assumption that the nuclear family is the 'normal' setting for parenthood and thus mothering which occurs outside it is automatically seen as problematic.

It is the ex-care mothers who are likely to be most acutely disadvantaged by the imbalance in power between professionals and clients. Because of their acute social and economic disadvantage and their high levels of stress they are likely to be acutely in need of professional intervention (Quinton and Rutter,

1984), however they are also likely to be most out of step with professional norms, and to lack the skills necessary to negotiate for effective support. Women who have been in care are likely to be distanced from professional caregivers by their acute social stress, by their current failure to conform to professional definitions of 'normal parenting' and by their 'deviant' early experience which has led them to absorb alternative definitions of family life.

Because of their apprehension about professional intervention, they are unlikely to establish rapport with professionals in the ante-natal period, and are likely to be alienated both from the birth itself and from professional support at the time of the birth. In the post-natal period the ex-care mothers, like the stable mothers gain a degree of autonomy as they become less dependent on professional expertise. However, their alienation from professional values leads them to reject professional advice aimed at improving their parenting skills, either viewing it as irrelevant or as unworkable within their social situation.

Mothers' mistrust and alienation is likely to be most marked when the focus of intervention is on their parenting difficulties. Here, professional interpretations of experience which emphasise individual pathology and which play down the importance of social-structural factors like poverty and women's access to power and resources within the family are likely to be most at odds with mother's perceptions of events. Rains (1971) has described the way in which a divergence between client and professional perspectives of social needs can lead disaffected clients to resist what they see as inappropriate definitions of their needs. This process can be observed in the present study amongst the ex-care mothers who resist professional attempts to focus on personal rather than structural definitions of their parenting problems. They are acutely aware of social workers', and to a lesser extent health visitors' statutory role in child protection and their power to impose sanctions and to punish inadequate parenting. However, because of their acute need for social support, they are forced into an uneasy alliance with professionals which is based on coercion

rather than commitment. They attempt to extract from these relationships the practical support they need while strenuously resisting professional attempts to change their ideas or behaviour. This detachment from professional support is likely to have grave consequences for these disadvantaged mothers who, because of their lack of access to alternative sources of support are most in need of effective professional help and yet seem powerless to benefit from it.

While those mothers who were in reasonable financial and social circumstances were able to derive some benefit from psychologically based methods of intervention, mothers who were socially disadvantaged were not only unable to make use of much of the support offered to them but were powerless to influence the content of intervention. The professional emphasis on psychological rather than practical intervention obscures the social and ideological influences which define the parenting experience, thus reinforcing the mothers' subordinate position in the family by underlining her individual responsibility for her parenting stress (Jordan and Parton, 1983). The analysis of the parenting experiences of both the stable and the ex-care mothers' shows that all the mothers are parenting in conditions of stress induced by the total responsibility for parenting which devolves upon them. The alienation of the ex-care mothers arises not from an individual inability to derive benefit from professional intervention but from the fact that because of their acute social disadvantage in adulthood it is the ex-care mothers who are most out of step with individual responses to social problems. The failure of professional intervention to address the roots of mothers' parenting stress, whether they arise from gender differences or from social and economic disadvantage, severely limits the usefulness of professional support. For mothers in situations where the stress of parenting is compounded by acute social disadvantage, the effectiveness of professional intervention is severely limited, as the inappropriateness of applying individual solutions to structural problems becomes more apparent. For this reason professional support appears to be

most effective in supporting women who *already have* reasonably good support systems, and fails to deliver support to those most in need of it who have few alternative sources of support.

Chapter 7 The ex-care mothers

1) Introduction

In previous chapters it has been argued that mothering is stressful for all women, firstly because of the stress and workload inherent in the parenting task, and secondly because of the social and relational factors which may compound parenting stress. While all mothers have to come to terms with the stress induced by both the parenting task and the way in which the task is socially and ideologically constructed, for women who suffer from acute social and relational disadvantage the stress of parenting is increased and may become manifested in parenting dysfunction (Brown and Madge, 1982; Lister and Emett, 1976; Quinton and Rutter, 1985; Rutter, 1984). The ex-care mothers were included in the present study because they were likely to have very different experiences of parenting stress and of social support in adulthood than women from stable backgrounds. This hypothesis was borne out by the analysis in chapter 4 in which the ex-care mothers were most often found in high stress / low support situations, and had higher overall levels of stress and lower levels of support than the majority of their stable counterparts. Because of this they are treated here as a case study in parenting under conditions of social disadvantage. The present chapter thus considers in more detail the experiences of the ex-care mothers, drawing together findings from previous chapters and exploring the way in which the ex-care mothers' social and relational circumstances contribute to their current stress and parenting outcome.

The ex-care mothers are acutely disadvantaged both because of their past experience and because of their current circumstances, and both these factors will have relevance to their parenting experience. Adverse early experience and separation in childhood has been associated with a number of negative outcomes in adulthood, among them increased rates of psychiatric disorder and marital

difficulties (Frommer and O'Shea, 1973), higher rates of child abuse (Creighton, 1987; Oliver and Buchanon, 1979) and lower levels of mother-child interaction (Lynch and Roberts, 1977). Mothers' disadvantage is likely to stem both from their past experience and their current circumstances, and both these factors will have relevance to their parenting experience. The focus here is therefore on the way in which the care experience limited the opportunities which would have been available to the women and also on the role which the social, emotional and structural factors in the *current* social context play in influencing parental outcome. It is mothers' social stress and lack of support which is seen as significant here rather than the experience of institutional care in itself.

The parenting difficulties which the ex-care mothers encounter have led to an increasing concern to identify the factors in their experience which pre-dispose them to such problems. For example, studies of mothers who have been in care suggest that they may be particularly vulnerable to the effects of social stress, and yet they consistently come to parent in conditions of social and economic disadvantage, and often experience acute isolation and fragmentation in their social support networks (Pawlby & Hall, 1980; Quinton and Rutter, 1984 ; Wolkind and Kruk, 1977). These high risk and stress factors mean that ex-care mothers are acutely in need of adequate social support. However, as a group they are likely to suffer from a marked lack of effective support particularly during the initial transition to parenthood.

The debate around the transmission of parenting disadvantage centres on the question of whether the predisposition to such difficulties is laid down in childhood as a result of the adverse effects of early experience, or whether such problems can be ascribed to current parenting stress. As Quinton and Rutter (1988) have shown, early experience does not predict parental outcome in an automatic way, and the relationship between childhood experience and later parenting is a complex one in which intervening social and economic variables play a role in determining future opportunities and choices in a way which is as

yet only imperfectly understood. The links between early experience and later poor outcome have (as Quinton and Rutter have pointed out) in the main been attributed to the psychological damage inflicted by adverse early experience. However, an analysis which looks at the process through which personal relationships mesh with social factors can have much to contribute to our understanding of the way in which early disadvantage comes to be associated with later difficulties. For example Quinton *et al* (1984) and Quinton and Rutter, 1988) have argued that while early experience may be important in increasing vulnerability and in predisposing mothers towards negative outcomes by systematically closing down opportunities, it is the social and relational factors which surround mothers in adulthood which are likely to be most important in determining the quality of the parenting experience. An understanding of the social factors which are associated with the experience of care, and the role which these factors play in influencing experience opens up the possibility of moving beyond a deterministic view of poor parenting as a product of early irreversible psychological damage towards the possibility of intervening in the lives of the most disadvantaged mothers and improving their psycho-social outcome in adulthood.

As Gelles (1982) and Pelton (1980) have argued, the link between socio-economic and relational stress and child abuse, and particularly child-neglect is well established. What is not understood is the process by which these stressors become transformed into parenting dysfunction and the role played by the various social and relational factors in determining parenting outcome. There is therefore a need for research such as this present study which explores the mechanisms through which deprivation is perpetuated in adulthood, and the process through which mothers who have been in care come to parent in conditions of social and economic disadvantage, identifying the factors which either contribute to or mediate the effects of stress. In the ex-care mothers' accounts discussed here it is possible to trace some of the connections between

past and current stress and to examine the way in which early disadvantage systematically closes down opportunities for them. The present chapter therefore focuses less on the direct effects of early deprivation than on the social and relational circumstances which surround the ex-care mothers in adulthood, and the effect that these circumstances have on their parenting experience.

2) Early experience

The roots of the ex-care mothers' current social and economic disadvantage can be located in their childhood experience, where their experience of poverty and deprivation severely restricted their access to the social and educational opportunities which are associated with stability in adulthood. All their families were split by either divorce or maternal death (see Chapter 2, table 2(iii)). Seven were born illegitimate, only 8 remained with both natural parents until the age of 5 (see table 7(i) below), and 5 were separated from their mothers either thorough death, abandonment, or reception into care before the age of 3.

Adverse Experience	No of Mothers
Parental separation before age 5	8
Separated from mother before age 3	5
Parental alcoholism / psychiatric illness	2
Maternal death before age 11	2
Neglect	4
Physical abuse	3
Sexual abuse	2

Table 7(i) Childhood experience

All the mothers in the ex-care group had spent at least 3 years in care. Four of the group had been received into care while less than 3 years old, 1 at the age of 8. The remaining 5 were received into care between the ages of 12 and 15 years. Five were in care because of their parents abuse or neglect (2 were also

sexually abused). One was admitted to care on the grounds of non-school attendance and 2 were judged as teenagers to be beyond parental control. A further 2 were voluntarily placed in care as toddlers. For those women who had been abused, their recollections of family life were almost totally negative.

Di : "It got to the stage where my step mum would dare me to run away when I came back and my Dad weren't there. So I ran away one day. This time my sister was in and I had a school social worker who sort of caught me halfway. She took me in the car. She said, 'where are you going?' and I said, 'I'm going up my sisters.'" She said, "I'm taking you back home" and I said, "if you do I'll jump out of the car. If I die it doesn't worry me, I've got nothing to live for'. I had nothing to live for. That's how it drove me."

The ex-care mothers also experienced frequent changes of caretaker throughout their childhood (see Table 7(ii)).

Mothers	Family composition or substitute family care
Belinda	1) Mother 2) children's home (a) 3) mother and stepfather 4) children's home (b) 5) community home with education 6) hostel
Angela	1) Mother and father 2) children's home(a) 3) mother and father 4) children's home (b) 5) hostel
Cherie	1) Mother and father 2) mother and stepfather 3) assessment centre , 4)secure unit 5) hostel.6) lodgings with boyfriend 7) foster parents
Martina	1) mother 2) children's home (a) 3) foster parents 4) children's home (b) 5) mother and baby hostel
Marie	1) Mother and father 2) mother and step father 3) mother 4) children's home
Di	1) Mother and father 2) father and step-mother 3) assessment centre.4) children's home
Paulette	1)Mother and father 2) father 3) foster parents 4) assessment centre 5) children's home (a) 6) children's home (b)
Sharon	1) Mother and father 2) children's home (a) 3) mother and step father 4) Children's' home (b) 5) Hostel
Rachel	1)Mother and father 2) father 3) assessment centre 4) hostel
Tracy	1) Mother and father 2) mother 3) mother and step-father 4) step-father 5) father 6) assessment centre 7) children's home 8) father 9) lodgings with boyfriend

Table 7(ii) Changes in placement before the age of 16

While none of the stable mothers had had more than 1 major disruption involving a change in family composition, the ex-care mothers had experienced at least 4 (and some as many as 8) major changes in both family composition and

residential placement. Only 1 mother who had been admitted to care in her teens had remained in just one residential placement while in care.

The complexity of these mothers' early lives and the difficulty which they encountered in coming to terms with it is most clearly illustrated in their accounts of the reasons for their admission to care

Tracy: "At first I was living with my Dad and my Mum , and I my Dad left when I was 2. My Dad remarried and my Mum remarried. My Dad had another 3 kids, and my Mum had another 1, and then my Mum left my Step-dad and now has got remarried, and I was living with my Step-dad at the time and my Dad got remarried again and then me and my sister ran away from my Step-dad's and went to live with my real Dad after what, 9 years since he left."

The overall impression given by mothers' accounts of their time in care was a negative one. Most of the mothers' recollections of professional relationships in early life were centred round incidences of perceived injustice and misunderstanding.

Sharon: "Everything that used to happen I used to just keep it to myself. It used to just pile up and pile up and then one day I would just explode. At Worcester House, the staff never used to say, "if you have got any problems then just come to me." That's why I hated it there. They were wicked horrible people."

While a number of researchers (for example, Parkes and Stevenson-Hinde, 1982; Wolkind, 1977) have demonstrated the importance of close and consistent substitute ties in buffering the adverse effects of early disadvantage, the frequent changes of placement which this group had experienced meant that none of them had been able to establish a lasting relationship of trust with a member of staff in a residential establishment. Even their positive accounts of relationships with professional carers therefore reflect a sense of distance (the ex-care mothers' perceptions of their professional relationships are discussed in Section 4 (iv) of this chapter).

Di: "They made me realise what I could achieve without relying on people. They pushed me to an extent where you would do it in anger. They would sit down and talk to me about the possibilities of what I was achieving, and why I came into care."

None had maintained contact with their residential establishments after leaving care. Similarly, neither of the 2 mothers who has been fostered maintained contacts with foster parents. The mothers therefore had established no permanent ties which might act as a buffer against future disadvantage as a result of their residential experience.

2 a) Education.

A number of researchers, among them Jackson (1989), Pilling (1986) and Rutter, Quinton and Liddle (1976) have found that educational achievement is one of the most important predictors of adult behaviour and life chances for young people who have been in care regardless of the extent of their early deprivation. However, the experience of being in care is consistently associated with frequent educational disruption and low educational attainment (Akhurst, 1975; Essen *et al*, 1976). This was the case for the ex-care mothers in the present study, all of whom had a history of disrupted schooling and only 2 of whom had completed their schooling to the age of 16. Only some of this disruption could be directly attributed to their early social and emotional difficulties. As Fletcher Campbell (1990) has argued, children in care, because of their unconventional domestic situations, do not 'fit' the educational system. Because the educational system is not flexible enough to adapt itself to their needs, children who are in care are constantly rejected and failed by it. For the women in the present study the care experience itself contributed to educational disruption since all of the women had been through at least 1 change of secondary school placement owing to changes of residential placement and this in itself disrupted educational continuity and made truancy more likely. For 3 of the mothers early pregnancy was a contributory cause of their non school attendance. All had negative school experiences, and only 1 had gained any qualifications, although 2 expressed the wish to do so. For them, educational opportunity in any real sense had been severely limited by their early experience, and those who wished to make good

the deficit in later life found the odds stacked against them.(see Chapter 2 Table 2(ix))

Angela: "What I could do, and what I will do, are two different things. I honestly believe that I can't do it. I've got no belief in myself, an absolute and utter failure. I think the only thing that I'm good at is being a mother. But I think I could have been a different person. I think I could have had a career and my family too."

3)The Route from care to pregnancy

Leaving care had been a particularly traumatic time for these mothers. Although for most of them this was an anticipated change, they felt ill-prepared both physically and emotionally for the transition from care to independence. Seven mothers felt that their residential establishment had failed to prepare them adequately for independent living

Angela: "You're not really independent. In fact the type of system I was in I was so scared about leaving that I took an overdose."

Such comments echo the findings of Stein and Carey (1986) and Lupton (1985) who found a lack of preparedness among those leaving care, coupled with a strong sense of loss.

Belinda: "They could have at least told me what it was going to be like, and was it going to be hard or easy to be out there. No-one told me. I had to find out the hard way, and now of course I know. I've made my mistakes, and I regret every one of them."

Angela: "Just as I was leaving they brought in a training system, but I caught the last two months of it. They got me this flat and it wasn't that good. I blew the cooker up the first day, because it was electric and the only thing I'd cooked on was gas. I didn't know how to cook anything either. I just cooked toast. In the home we used to come in and the dinner would be there. You never sort of thought where it came from. And you turned the water on and it was there. So I turned the under floor heating on full because I was used to full heating and I loved my baths, so I used to keep the electric on all the time. I had no idea how I was going to pay for it. I lasted about six weeks like that. I was eating cold food out of tins. I used to go

up the home and hope that they would feed me, but they didn't. Now I know why- because all the kids would have been up there."

The year following the discharge from care was characterised by instability and change which, as Mulvey (1977) and Godek (1976) observe, is a common feature of the leaving care experience. As Table 7(iii) shows, the majority of mothers had a succession of different addresses in the year following discharge. Only 2 found permanent accommodation (one of these already had a 9 month old child). In addition to changes of address there were changes in household composition. Only 1 shared with the same person over that period. For most there were changes of co-habitee interspersed with periods of living alone, or occasionally with family members.

Name	Age at discharge	Accommodation in year following discharge
Angela	16	1) Local authority flat. 2) Homeless. 3) bedsits
Belinda	17	1) Friends. 2) Sleeping rough 3) Prison (remand) 4) Probation hostel
Cherie	16	1) B & B* 2) Housing Association flat
Di	16	1) Bedsit with boyfriend. 2) Sister's flat.with boyfriend 3) Boyfriend's mother's flat
Martina	17	1) Bedsits with boyfriend and first child 2) Bedsits alone with child
Marie	17	1) Bedsit. 2) Mother's home 3) Bedsit
Sharon	17	1) Bedsits. 2) Housing Association flat
Rachel	17	1) Bedsits with boyfriend 2) B & B*
Paulette	17	1) Bedsits 2) B & B*
Tracy	16	1) Bedsit with boyfriend. 2) B & B

*B&B=Bed &Breakfast

Table 7(iii): Mothers' destinations in the year following discharge from care

Lupton (1985) cites the quality of residential accommodation available at the time of discharge as a crucial factor in the transition from care. All but 1 of the mothers in the present study were discharged into bedsits or to stay with friends who were themselves in similar circumstances. This isolation and sense of transience is likely to be linked to the mothers' decision to parent. Three mothers became pregnant in the year preceding discharge (of these, 1 had an abortion and 2 kept their babies) and all but 1 of the remaining mothers became pregnant within 1 year of leaving care. The ex-care mothers were therefore faced with the problem of adjusting to the transition to parenthood at a time when they were also having to come to terms with major life changes associated with their discharge from care. The accounts which these mothers give of their experiences on leaving care reflect their sense of vulnerability and rootlessness.

Di: "I would put everything in a plastic bag and I would think 'is that it?'"

Angela: "You can do something about a lot of things, but you can't do anything about loneliness. Although I was articulate I'd never had to make friends, they were always there in the home whether they were friends or not."

The mothers' motives for pregnancy were extremely complex and were bound up both with their social and emotional needs. Because of their disadvantage, the ex-care mothers had less to lose than teenage mothers from stable backgrounds when they became pregnant. Their lack of educational qualifications meant that they had no career prospects which would be disrupted by pregnancy, and because they were all already either in extremely low paid occupations or on income support their pregnancy was unlikely to cause significant deterioration in their economic situation. In addition, they were unlikely to face parental disapproval, and possible exclusion from the family which is one of the main fears reported by teenage mothers from more stable backgrounds (Phoenix, 1991).

Angela: "When you're in care it's made easy. If you've got to go home and say, "Mum, Dad I'm pregnant," it's a lot different. Coming back to the home, they've got nothing to lose. You (the staff) couldn't do

anything to them. You might have said 'Oh you silly person, how about X Y Z, decisions' but you couldn't actually kick them out, reject them, no matter what you thought. You had to look after them."

Although they were well aware of the responsibility placed on the local authority to house women with children, this consideration appeared to play only a minimal part in their decision to parent. The reasons for their pregnancy seem to be much more bound up with the emotional content of their relationship with their child, and their hopes that this relationship would somehow heal the damage experienced in the women's own childhood.

Angela: "I had such strong maternal tendencies. I just felt compelled to become a mother for ages, from the age of about 20. It was every month that went by and I wasn't pregnant, I was devastated. I was sure in my head that I would cope with everything else if I coped with him."

Although all but 2 of the babies were unplanned and only 1 mother was in a stable partnership at the time of conception, none of the mothers were using any form of contraception at that time and therefore no pregnancy could be attributed to contraceptive failure. For 4 of the mothers the child was both unplanned and unwanted and while 2 came to terms with this during their pregnancy there were 2 mothers whose feelings of ambivalence continued after the birth.

Belinda: "I didn't want a kid from the beginning. When they said you're pregnant, I thought 'Oh Christ. What am I meant to do now — keep it or what?' It took me my whole pregnancy until he was a month old to realise."

Di: "He doesn't appeal to me, know what I mean? It just happened and I regretted it"

Although most of the children were unplanned, many of these pregnancies provided a means of giving meaning to the women's lives, providing a family to replace their damaged relationship with their family of origin .

Di: "He is my own family. He is something that no-one else can take away from me."

Tracy: "Yeah, I admit, if he wasn't here now I wouldn't really have nothing to live for."

The 2 planned babies were born to mothers who had some investment in maintaining a relationship which they valued, but which they saw as slipping

away from them. These pregnancies were associated with very strong feelings of fulfilment.

Angela: "With me it was the maternal instinct. I had to have this baby. It could have killed me at birth or whatever."

A few mothers clearly saw how the loneliness of their situation had pushed them towards unsuitable relationships and when these failed, towards pregnancy as means of filling the gap left by their early deprivation.

Angela: "It was an utterly selfish decision, but I was quite desperate. I was desperate for him for myself. It could have been devastating, because I could have started a chain off for him. He could have been in care and everything."

4) Circumstances around the time of the child's birth

The ex-care mothers differed from stable mothers on several important indices of social status. They were more likely to be unmarried; only 2 of the 10 ex-care mothers were married at the time of the child's birth (although one married subsequently) as opposed to 12 of the 15 stable mothers. Their relationships were also less stable; only 2 of the ex-care mothers had had a continuous cohabiting relationship over the previous 12 months, compared with 14 of the 15 stable mothers. Since 8 out of the 10 ex-care babies were illegitimate and were cared for by lone parents, they shared the disadvantages of such children in the general population in terms of poverty, ill health, perinatal risk and social isolation (Burghes, 1980; Hopkins, 1976).

The pattern of inadequate and unstable housing which had been established on leaving care continued into the time around the first child's birth. While 3 mothers had experienced homelessness in the year following discharge, this had risen to 7 by the time of interview (2–7 years after discharge). As Table 7(iii) shows, 5 of the mothers were in bed and breakfast accommodation at the time of the child's birth .

Type of Accommodation	Number of Women	Household Composition	Number of Women
Bed and breakfast	5	Alone	3
		Mother and child's father	1
		Mother and boyfriend	1
Housing Association flat	2	Mother and child's father	1
		Alone	1
Mother & baby home	1	Alone	1
Council house	1	Mother and husband's family	1
Friends flat	1	Mother and child's father and friends	1

Table 7 (iv): Circumstances at the time of the child's birth

4 a) Demographic and social structural factors

As a group, the ex-care mothers were more impoverished than the stable mothers in the study (see Chapter 2 section 1). Nine out of the 10 mothers had family incomes which fell well below the national average, compared with only 1 mother in the stable group (who was also a lone parent). Nine out of 10 ex-care mothers were also either unemployed or had never had a job at the time they became pregnant as opposed to only 1 of the stable mothers, and 8 of the 10 were in receipt of state benefits (see Chapter 2 Table 2 (vi)) compared with only 1 of the 15 stable mothers. Only 2 had spouses in full time work, and only 1 of these earned an income close to the average male wage. All of the mothers on income support were lone parents. This is in keeping with the finding of the report of the 1981 census findings that 90% of lone parent households have a household income which is less than 80% of average earnings (Social Trends, 1989). Four mothers had chronic debt problems, usually in the form of unpaid rent or rates, or unpaid fuel bills. Six mothers had had no appreciable experience of full-time work. Those who had worked had short term experience in unskilled

manual or retail / service occupations. Thus all but one of the women were both drawn from and returned to the most vulnerable sections of society.

As Chapter 3, table 3(xiii) showed, the ex-care mothers were in poorer physical health than their stable counterparts in spite of the fact that they had suffered less complications at the time of the birth (Chapter 3, table 3 (xiv)). Their children were also in poorer physical health (Chapter 3, table 3 (xvi)) and because they had more frequent and more serious illness than their stable counterparts were therefore harder to care for .

The mean age of the ex-care mothers at the time of the child's birth was 16.1 years, as opposed to 26.33 years for the stable mothers. All but 2 of the ex-care mothers were aged 18 or less at the time of their first child's birth (2 were 15). This is in contrast to the stable mothers, only 2 of whom were under 20 and none of whom were under 18.

4 b) Relational factors.

Because of their acute disadvantage the ex-care mothers stood in greater need of both social support and of practical help than their stable counterparts. However, this support was not forthcoming. As Chapter 4 has shown, because of their fragmented kinship ties and the disruption in their early life, the ex-care mothers had few kinship or friendship ties to call upon in times of stress and were therefore often forced to depend heavily upon unsatisfactory or unsupportive relationships. They also experienced more conflict within their close relationships than the stable mothers.

4 b i) Current family relationships

Mothers' current relationships with their family tended to be both confused and conflicted and the high levels of stress associated with these contacts meant that they could derive little effective support from these relationships which often represented a net drain upon mothers' already over stretched resources. While a third of the stable mothers were able to use their own mothers as an additional

source of support, this was not an option which was open to most of the ex-care mothers who had either non-existent or problematic ties with their own mothers.

Angela: "She's still got an awful hold on me. She was phoning up constantly the night I had him. She took an overdose the night I had him. She still controls me. If she came and took him away, I'd let her. I couldn't physically stop her."

Four ex-care mothers had no support at all from their own mother during the year before the interview. Only 1 ex-care mother reported that she derived continuing support from her mother in the form of both practical and emotional support. Even this relationship was not without some conflict. This pattern of family conflict extended into mothers' relationships with their extended family. Because of inter-family conflict the ex-care mothers often found it impossible to maintain amicable relationships with one part of the family without alienating another

Di: "My Mum hates my Dad, and she tries to make me hate him as well but I won't. I don't know why. My sister hates my Dad as well. My Grandmother, we were sort of separated. And my Grandmother didn't like my step mother, and my step-mother didn't like my Gran because she resented my Mum, and I was piggy in the middle of both sides."

In addition, many mothers recounted how they were called upon to support family members rather than to obtain support from them.

Cherie: "My father works in Saudi Arabia and comes back every 3 months for 2 weeks. And when we were on the phone she used to be on the phone every night in tears, I can't cope, I can't manage. The times I've had to get money off a neighbour to get down there."

Sharon: "I woke up and there was someone knocking on the door and I thought who the bloody hell is that? She (Sharon's sister) explained everything, that she'd had a row with her husband, and she stayed with me for a few days. Then she said she hadn't slept for three days and I let her go asleep in my bed, and I sort of carried on, and I didn't get her out of bed till about half four. She was really upset."

As Chapter 4 section 3 c) has outlined, the presence of conflict *between* members of mothers' support network tended to negate their potential for support, and increased mothers' stress. This conflict between family members

was an almost universal characteristic of the ex-care mothers' families whose past difficulties had been a contributory factor to their admission to care.

For all of the ex-care mothers there were many unresolved questions relating to their early life as they tried to understand the reason for their admission to care.

Researcher: "Was she just not able to cope with you?"

Paulette: "I don't know. She never really said. She don't really say, so I don't know why we went in care. She don't explain. I don't really understand it. She's always saying I've got 2 daughters and everything, and all that lot, but she makes out she cares about us, but I don't think she does."

4 b ii) Making sense of early experience

The extent to which mothers are able to make sense of their early abuse and deprivation, and to place their parent's actions within some plausible motivational framework, is likely to be a significant factor in determining their later adjustment and particularly their ability to deal with their own parenting stress (Rutter, 1979; Rutter, 1985). In their adult relationships with their families the ex-care mothers were faced with the task of accounting for their families' earlier rejection in ways which would allow them to retain some kind of positive self-image. However, because of their lack of contact or because of problematic current contact with their family, they were forced to construct their accounts in the absence of any coherent emotional feedback. Like the mothers in stable sexual relationships these mothers were engaged in constructing a coherent emotional script for parents who were physically or emotionally absent. This task was particularly difficult since the mothers had to come to terms with their parent's ill treatment of them as children at a time when they were especially vulnerable. They also had to make sense of this in the light of their own parenting experiences.

Researcher: "She didn't want you living at home?"

Belinda: "She never has done, not since I was a baby. She's never wanted me at home." (pause)

Researcher: "And she's never explained to you why that was?"

Belinda: "No she never told me why she didn't want me or anything."

The ex-care mothers appeared to be employing two, often contradictory, types of account of their early experience. In the first type of explanation their parents and particularly their mothers' behaviour was explained in ways which reduced mothers' feelings of rejection by diminishing parental responsibility. This was often achieved by emphasising external factors which made it difficult for their mothers to parent adequately.

Martina: "She had no where to live and so they took us into care, and the council said she couldn't have no-where to live till she had the kids back, and the social services said that she couldn't have the kids back till she found somewhere to live. So she couldn't get us back. It just went round and round in circles."

Or pressures induced by physical violence or cruelty from within the marriage

Sharon: "Yeah. She left my Dad when me and my sister were, sugar, 3 and 4 I think. We were put into care because my Dad was totally deaf and he was an alcoholic as well and he used to beat my Mum up and beat me and Ann up as well. So one day my Mum thought that's it, and she went."

Researcher: "She just left you?"

Sharon: "Yes. But she phoned the police and social services to go round to the house and get us. She knew she couldn't walk out the door with us two."

In the second type of explanation the mothers employed accounts which emphasised their mothers' responsibility for parenting failure in spite of the real difficulties which they had faced.

Belinda: "She got 18 months for it (theft) in prison, so we went in care, and we were still in care and she sent a letter with the prison's address on it, saying to the staff, 'would you get a social worker to bring my 3 kids up to Holloway prison to see me'. And we were only babies, and we went and saw my Mum in prison. I think that was the most disgusting thing that she could ever have done to us."

In a relationship in which there is frequent contact it is possible to admit the possibility of ambivalence and contradiction within the relationship. In contrast, in these accounts of the mothers' disrupted relationships with their parents

there were few grey areas. These absent figures were presented in black and white terms either as total victims of circumstance, or as totally culpable.

When parental rejection was compounded by physical or sexual abuse the ex-care mothers had an even more difficult task in providing a coherent theory of motivation. Three mothers still had contact with step-parents or parents who had physically abused them and 1 had contact with the step- father by whom she had been sexually abused. These mothers experienced particular difficulties in coming to terms with their childhood experiences.

Angela: "It was downright torture. But I know we can get to the stage where we all want to beat the kids up, but that was torture. I think this is the worst part for me, because now I've got kids I know how far I would go, and it wouldn't be anywhere near"

In all but 1 instance the abuse was perpetrated by a male family member (father or step-father). However, few mothers blamed their fathers or step fathers for the abuse. For example, 1 mother saw the abuse as deserved, feeling that she must have somehow provoked the attacks.

Sharon: "He (step father) just used to give us one really hard whack on the bum or round the head, and it was bloody hard and we would have to go to our room and that. Then it got worse and worse and worse, and it used to be punches and that and bashing our heads against the wall and that. I know it sounds bloody stupid, and I still don't like him, but we did deserve it. We were right little bitches me and my sister, we used to do know what I mean, really bad things."

In these accounts mothers were seen as far more accountable for parenting failure and were treated as more blameworthy than either fathers or step-fathers. For example, they were seen as more responsible both for the decision to place the child in care and for the conditions which precipitated their reception into care.

Di: "My Dad has done things that I can never forgive him for, but I mean my Dad has broken all my ribs.

But if my Dad told me to leave Des (boyfriend) tomorrow I'd leave him tomorrow. That's how strong I feel about my Dad."

The women appeared to be actively selecting behavioural attributes which diminished paternal responsibility and maximised maternal responsibility, as in the following extract in which Angela emphasises her father's limited intelligence, and dismisses her mother's mental illness.

Angela: "I blame him (father) a little bit, but I've got sympathy for him. I've got a lot of sympathy and love for him an awful lot-but her. My Dad hasn't come across as very intelligent, but she is. I think she's like these murderers you see on the television, she knows exactly what she's doing, and my father never did. He's pitiful, whereas she would laugh. She was committed 3 or 4 times but I don't think that that was mental illness."

Occasionally the woman's mother was seen to be responsible even when she had not perpetrated the abuse.

Di: "My Dad has even told me she drives him to drink, literally. My Dad is an alcoholic. There's no excuse for hitting, but I can forgive my Dad where I cannot forgive my step mum."

In their accounts the ex-care mothers appear to be applying a double parenting standard which involved higher expectations of maternal behaviour and hence greater blame if mothers failed to live up to the ideal of the 'good mother' who is seen as culpable if she cannot cope *whatever* her social circumstances, and far lower expectations of paternal responsibility and involvement. These expectations of maternal responsibility and behaviour are likely to be problematic when applied to the mothers' own parenting experience since they themselves are parenting in conditions of stress which are akin to those experienced by their own mothers. If they cannot make the connection between their own experience of stress and their mother's parenting failure they are likely to continue to perceive themselves as responsible for their own parenting difficulties in spite of the adverse conditions which they are coping with.

4 b iii) Friends

In the absence of family support friends were often called upon to provide both intimate and practical support to the ex-care mothers and were sometimes their main source of support, a last line of defence when other sources of support

had failed. However, most of this group had friends whose ability to offer support was limited by their need to receive it. Eight mothers had friends who were also lone parents, and 6 had friends who had also been in care. One mother had no contact with friends at all.

Marie: "I go shopping and by half way through the week my food's gone. I have to go to my Mum's."

Researcher: "Because they (friends) eat your food?"

Marie: "Yeah. But I only do it for her little boy, because I can't see a little kid starving."

Tracy: "My friend, it was a bit hectic cause she lost her baby. She was staying here with me and she said she was bleeding, so I called the doctor, and it took four hours for the doctor to come out. Well, I waited 3 hours, and then I couldn't wait any longer so I rang an ambulance and he said she'd already miscarried. And then her Mum and Dad come down and then her boyfriend come down and they started arguing because they're not getting on very well, and then I went out and I come back and she was really bleeding, and passing clots and that and she was rushed in."

4 b iv) Professional support

As chapter 6 section 4 has shown, the ex-care mothers' ability to make effective use of professional support was severely limited by their mistrust of professionals and their apprehension about the statutory role of professional caregivers in the prevention of child abuse. Although because of their marked social and economic disadvantage and their high levels of stress they were likely to be acutely in need of professional intervention, they tended to mistrust and avoid professional contacts, assuming that the main focus of the contact would be upon the adequacy of their parenting skills.

This apprehension was to some extent confirmed by their experience; 3 of their children had at one time been in care or had been placed on the child protection register. In addition, 2 mothers had been given professional support as a preventive measure to keep their child from being admitted to care. Only 3 mothers were in situations where they believed that the primary focus was upon helping them to cope with a difficult situation rather than monitoring their

parenting ability. These mothers tended to be more positive about social work contact, particularly when it was accompanied by some sort of practical assistance (see Chapter 6, section 5).

Because of their mistrust they were less inclined to attend either pre- or post-natal clinics and were much more sceptical of professional advice, relying instead on friends and members of their extended family. Only 1 mother had a strong personal relationship with her social worker. Therefore, while the ex-care mothers were likely to be acutely in need of professional support, their alienation from professional values and their need for practical help rather than counselling meant that they could derive little effective support from professional relationships.

4 b v) Current sexual relationships

While mothers in stable relationships relied primarily on their sexual partners for support, the instability in relationships within the ex-care group meant that sexual partners were seldom a source of support for these mothers. Only 2 were in a stable co-habitations at the time of interview and only 2 received financial support from their sexual partner. Seven mothers had little or no contact with their child's father. The sexual relationships of this group were characterised by conflict and lack of mutuality. As Chapter 4 section 3 has shown, almost all the ex-care mothers had extremely low expectations of male support and took total responsibility for childcare. Five of the mothers received no physical help or support from their current sexual partner and 8 were deeply dissatisfied with their sexual relationships which were characterised by a lack of intimacy and feedback.

Marie: "He never used to talk to me anyway — I got used to it. I just got used to it. Like he'd visit me at my Mum's when I had Marcus and he'd ask my Mum if he could do something with Marcus rather than ask me and I'd be sat in the same room."

As Quinton and Rutter (1985) have noted, mothers who have been in care tend to form relationships with men who have similar problems and to be found in

relationships which add to rather than decrease their stress. This is borne out by the present study in which 4 of the the ex-care mothers had had sexual partners over the previous 12 months who had a criminal record, and a further 3 had had partners who had either been in care themselves or who currently were estranged from their parents. In addition, 4 were currently in violent relationships, and all but 1 had some experience of violence in previous sexual relationships. The expectation of violent assault was therefore built into their view of sexual relationships, and was seen as an almost unavoidable hazard of becoming involved with men.

Belinda: "There was only one person , years and years ago who was never violent. He wouldn't even lay a finger on me. He died. He died about 2 years ago."

For the mothers in violent relationships, their sexual relationships were a major source of stress in which they feared for their own and for their child's safety. However, for 4 of the mothers in non-violent sexual relationships their partners' lack of emotional commitment and low levels of communication were themselves a source of stress, as mothers were forced to work hard to maintain an unequal relationship. Two of these non-violent men had affairs with other women at the same time as their relationship with the ex-care mothers. A third partner was planning to marry another woman. The ex-care mothers therefore not only derived low levels of support but were often placed under additional stress by their sexual relationships

At first glance it is difficult to understand how these mothers came to accept such unequal sexual relationships, from which they appeared to have derived little or no positive benefit. However, these relationships need to be understood in the context of both the ex-care mothers' previous experience and their current social circumstances which together made these women both vulnerable and powerless. Many of their sexual relationships were formed around the time of their discharge from care, when the mothers' sense of emotional loss was at its most acute as they were forced to come to terms not only with the transition

physical resources necessary to approach new sexual relationships on anything like terms of equality. Such violence was often started early in the relationship and almost always during pregnancy, and was used both a method of control and of retribution.

Belinda: "So I went back with Barry and went to live with his Mum in Sodbury and his sister and his Nan.

And then I thought I fell pregnant, well I was pregnant and he'd been to the pub one night, and he actually beat me up for it and I lost the baby, that I was carrying."

Tracy: "He just didn't want the baby so he said, 'I'll get rid of him for you I don't want an abortion I'll do it my way' It didn't work."

While the ex-care mothers like the stable mothers hoped for stability in their relationships, their low expectations of sexual relationships together with their acute vulnerability and their experience of previous sexual exploitation meant that they were likely to make few demands on their sexual partners either as husbands or as fathers.

Marie: "His Dad comes to see him (baby) but I don't ask him for anything. Better not to because if you have an argument he can't say he gives you things."

Researcher: "It sounds as if you don't expect much from him?"

Marie: "No I don't. He turns up when he wants to."

Sharon: "Oh no. If he asked me to marry him I'd marry him today. But he would probably be at work all the time or out with his mates. I just want a father for him (baby), know what I mean?"

5) Social stress and parenting outcome

The lack of social support experienced by the ex-care mothers, together with their social and economic deprivation, meant that they tended to parent in conditions of social stress which far exceeded those of the comparable stable population. All but 1 of the mothers had incomes at or below subsistence level. In addition they often experienced chronic debt problems. The relationships which were felt by stable mothers to be most supportive (sexual partner, own

their emotional strain and thus leaving fewer resources available for coping with the child.

Di: "I had the hospital social worker in and I explained to her that I was trying to claim the benefits that I was entitled to but I wasn't getting anywhere. She told his (boyfriend's) Mum but she kept on and on. She said nasty things about me and my family. She knew I had no-where to go, so I would have to put up with it. Then I started suffering with toxæmia. I couldn't handle no more. I just stayed in bed. I didn't want to listen to no-one. Me and my boyfriend were having fights. She said we could stay for a few months after the baby was born. I found out I'd have to stay in the hospital because my toxæmia was so high. I turned round and told her that night, and she said we would have to get out because of the things that I told her. I was in the hospital. They said, 'we are going to have to induce you' because it was so dangerous it might kill the baby."

Researcher: "What brought it on then, was it worry?"

Di: "It was worry. And I was getting angrier and angrier. I just couldn't cope."

Thus specific social stressors, for example housing stress, could not only take their toll on the physical and mental health of mothers and children but could also have direct effects on the mothers' close relationships, particularly on her relationship with her child. Ultimately this stress contributed to the mothers' difficulties in establishing a relationship with their child, as they struggled to come to terms with their previous experience while at the same time trying to cope with the task of parenting in conditions of high stress and low social support.

Angela: "When I had Isaac, it all caught up with me. I was riddled with anger, ripping my hair out literally in the early hours of the morning. There was no-body."

Two mothers rejected the child after birth, and others expressed the fear that they would not be able to love their child, and remained ambivalent for some time after the birth

Di: "He was born then weren't you? And I didn't want him. As soon as he was born I just chucked him back to them, I don't want him. I don't like him."

Researcher: "Was it because he was a boy or was it the birth?"

woman's responsibility, and offered neither practical nor emotional support in parenting, quickly becoming impatient if the child made any demands on them

Marie: "He was living here a couple of months ago but I kicked him out because he just kept being horrible to him. Like Marcus would follow him around every where and he just kept pushing Marcus away. I just told him to go and he didn't like it."

The demands of the ex-care mothers' sexual partners were often in direct conflict with the needs of their children so that mothers were ultimately forced to choose between their own need for a sexual relationship and the needs of their child. In spite of their acute need for affection and companionship, mothers constantly stressed that they would put the child's needs first before those of their sexual partner

Tracy: "If I had a choice out of a bloke I really liked, I like this one, but if I had a choice between Shane and him I'd choose Shane. Even if I had a choice out of him and my family I wouldn't give him up. We couldn't give you up would we?"

Many mothers were aware that the stress of living with men who competed with the child for their attention and who drained their emotional and physical resources had a detrimental affect on their ability to parent successfully.

Marie: "Like if you've got a bloke and he don't like the baby then you're just going to take it out on the baby. I watch people doing that. I've been through it myself."

Martina: "I managed all right with her(baby). It was just him, plus he used to come round all the time when I was in digs scaring me - and then I used to shout at her. I didn't mean to. I knew it was wrong but"

For mothers under the most extreme stress this could be a precipitating factor in child abuse.

Marie: "Her (friend's) boyfriend always hits her a lot too. I think she takes it out on the baby because she can't hit him back. I told her one day she's going to end up hitting the little boy so much that she isn't going to know what to do with herself."

For mothers in violent relationships paternal indifference was transformed into an actual threat to the child's well being and safety and part of the stress in mothers' sexual relationships came from their efforts to protect the child either

experience was most marked, since these mothers had neither the physical nor emotional resources to live up to this ideal. In these situations the ideology of motherhood could itself increase mothers' stress, reinforcing their guilt, helplessness and self blame.

While they had high expectations of themselves, and were often determined to avoid repeating the abuse and deprivation which had characterised their own childhood, they were parenting in conditions of high stress and low support which made adequate parenting extremely difficult. In these circumstances they could only reiterate their intention to parent effectively in spite of their current disadvantage without having any clear idea how this was to be effected.

Sharon: "But with me my kids are going to come first. No matter what. Not like my Mum did."

6) Changes in Mothers' circumstances over time.

In spite of their common experience of disruption and disadvantage in family life and prolonged periods in residential care, there are difficulties in drawing firm conclusions about the causes of the perpetuation of disadvantage based on such a small heterogeneous sample. In particular, differences in the age of the sample, and thus the time since they left care, make it difficult to separate out the effects of chronology from those of individual differences in psycho-social outcome. The results suggest that mothers' instability and disadvantage might be confounded with both their own age and the age of the child. This is illustrated by the fact that the oldest mother in the sample (Angela, aged 25) was able to give an overview of her experience in which she could contrast her experience now, as happily married and financially secure, with her experience on leaving care, when she was both financially and emotionally disadvantaged. Angela had scored negatively on the stress and support index, (which assessed the mothers' circumstances at 4 months after the child's birth) yet at the time of interview, 2.5 years since her child's birth, her circumstances appeared to have materially improved. All the other women interviewed had left care within the

Mothers	Age of mother	Age of Child	Income	Housing	Child Care	Maternal Health	Sexual R/ship
Tracy	17	8 mths	-	+	+	+	-
Cherie*	18	30 mths	-	+	+	+	+
Rachel	18	4 mths	+	-	+	-	+
Sharon*	18	8 mths	-	+	+	+	-
Paulette	19	11 mths	-	+	+	+	-
Marie	19	13 mths	-	+	+	+	-
Di*	19	12 mths	-	+	+	+	-
Belinda	19	8 mths	-	+	-	-	-
Martina	19	23 mths	-	+	-	-	-
Angela*	25	30 mths	+	+	+	+	+

Table 7(v) Ex-care mothers' psycho-social status

*= Mothers physically or sexually abused in childhood.

At the time of interview mean age=19.1 years.

Scores were based on an assessment of the mothers' psycho-social status at interview

1. Housing + = In adequate accommodation - = in temporary or inadequate accommodation (eg: homeless families accommodation). 2. Income + = not on income support - = on income support. 3. Child care + = No *current* professional concern for the welfare of the child due to parenting problems - = *Current* professional concern for the welfare of the child due to parenting problems (eg child on the on the 'child protection register' at the time of interview). 4. Health + = No serious maternal mental or physical health health problems - = serious maternal health problems eg. severe depression, or physical illness requiring hospitalisation in the previous 6 months. 5. Sexual relationship + =stable sexual relationship (more than 6 months continuous duration)- = absence of stable sexual relationship.

current sample were all drawn from working class backgrounds and this in itself was likely to affect their access to resources in adulthood. However, whereas for some working class children there is some opportunity for social mobility, principally through educational opportunities, for children who spend prolonged periods in residential care, the care experience itself tends to compound their early disadvantage shutting off their opportunities to improve their social conditions and effectively returning them to the lowest and most vulnerable strata of society. The ex-care mothers' lack of educational opportunity robbed them of one very important route out of disadvantage, making it increasingly likely that they would face problems of homelessness, unemployment and economic disadvantage on leaving care (Parker, 1988; Rutter and Madge, 1976; Rutter, 1984).

For the 3 ex-care mothers who were either black or of mixed race the disadvantages which stemmed from their class background and adverse early experience were likely to be compounded by the effects of ethnicity. Black women face problems both as women and because of their race, and so they bear an additional burden of disadvantage in adulthood. Black women who have been in care face particular problems. Although black children are over represented in the care system in terms of numbers, there is evidence that the care system is itself still geared to the need of white children, and has only recently come to grips with issues of ethnicity (First Key, 1987). There are problems which arise from the tendency of the care system to treat racial and cultural differences as irrelevant and to rear black children as white in a white dominated care system. This creates problems particularly in adolescence when black teenagers have to try to come to terms with their own racial and cultural identity and with the fact that the society at large treats them as black in spite of their 'culturally neutral' upbringing. Although it was not an issue which was addressed explicitly in the interviews, this dilemma is reflected in some of the accounts, as in the following extract where Marie discussed her boyfriend's experiences in care.

real alternative to their fragmented family ties. Frequent changes of placement and the rate of staff turnover in residential placements left the women with few long-lasting social ties which could be a continuing source of support in adulthood. As the analysis in Chapter 4 section 2 has shown, on leaving care the ex-care mothers had friends who tended to be in the same highly stressed circumstances as themselves and were thus unable to offer much support. Thus, the care experience itself contributed to the fragmentation of the women's support networks leaving them vulnerable and unsupported in adulthood. In addition, as Chapter 4 section 3 c) has shown, the ability of the extended family to offer support in adulthood was severely limited by their own restricted access to social and economic resources. Thus, the social conditions which had precipitated the women's reception into care in childhood were also likely to restrict their access to the kinds of fail-safe support available to women from working class backgrounds who had not been in care (Pheonix, 1990)

Because of this, by the time they left care, the ex-care mothers' realistic expectations of economic security were already severely diminished. As a result, the transition from care became a time of acute stress for these women who had to cope with both economic (and particularly housing) stress and with the lack of effective support from either family or from professionals (Lupton, 1985; Stein and Carey, 1986).

The mothers' decision to parent was intimately bound up with their feelings of vulnerability and rootlessness on leaving care, which stemmed in turn from their social and relational disadvantage. Because of their acute vulnerability and need for stability they were unlikely to either plan or to defer parenthood, both of which, as Quinton and Rutter(1985) have shown, are strongly associated with the selection of a supportive spouse and subsequent parenting success, and were likely to enter into precipitous relationships with unstable, unsupportive and sometimes violent men.

disadvantaged in adulthood as a result of the interaction between their early parenting and the experience of institutional care itself, this did not inevitably lead to parenting problems. As Table 7(v) shows, while economic deprivation appears to be almost inevitably associated with long periods spent in residential care, the connection between early experience and overt signs of stress and parenting problems is much more tenuous. As Table 4(ix) shows, in spite of their adverse early experience and long periods spent in residential care 3 mothers (Marie Tracy and Sharon) had no overt manifestations of stress either at interview or when their child was less than 6 months old. In addition, as Table 7(v) shows, 2 ex-care mothers who had experienced considerable difficulties around the time of their first child's birth exhibited no manifestations of stress at the time of interview (Cherie and Angela). Their experiences can be contrasted with those of the 2 women from stable backgrounds (Judi and Kathy) who, despite 'good' early experience were now found in high stress situations which had given rise to poor outcomes. These results suggest that adverse early experience, even when it is compounded by high levels of social stress, is not *inevitably* associated with poor outcomes, and that factors in the current parenting context can of themselves be sufficient causes of poor parental outcomes. Thus while poor maternal outcomes were always associated with moderate or high levels of current social stress, adverse early experiences was not always associated with poor maternal outcomes.

In looking more closely at the experiences of those women who appear to have overcome some of the effects of their early disadvantage it is possible to make some inferences about the importance of the various social and relational factors in the current social context in mediating the effects of adverse early experience. Two of the 3 mothers who appeared to be resistant to the effect of stress throughout were in high stress / low support situations with stress / support scores of -5 and -6.5. Only one had a marginal stress / support score (Marie, -1). Thus although as with the stable mothers with poor outcomes,

Mothers	Years in care	Abuse	Subsequent health and child care problems
Paulette	10 +	None	Depression
Sharon	10 +	Physical	None
Rachel	< 5	None	Depression
Marie	< 5	None	None
Cherie	< 5	Sexual,physical	Child on protection register
Martina	10+	Neglect	Child in care
Di	5-10	Sexual, physical	Bonding difficulties, depression
Angela	5-10	Physical,neglect	Depression
Belinda	10+	Neglect	Child in care
Tracy	< 5	None	None

Table 7 (vi) Early experience and subsequent problems

The most important factor in the current social situation of all 3 women who had few overt signs of stress appeared to be not the presence of support but low levels of *chronic* conflict in their personal relationships and the lack of conflict between members of the social network. This was a distinguishing feature of Sharon's social network. While her relationships were low on intimacy they were also low on conflict. Where conflict did exist it was confined to one discrete area of her life. Her relationship with her boyfriend, although stressful was an intermittent relationship which only occasionally impinged on her day to day activities, and which rarely affected her other social contacts. Tracy, like Sharon, had experienced extreme stress arising from her sexual relationship when she had been living with the violent father of her child. However, this relationship had terminated when the child was only a few weeks old, and since then Tracy had been involved in relatively unconflicted relationships which, though low on intimacy were not in themselves highly stressful. Thus she was not subject to chronic relational stress. The third mother, Marie had had a similarly unsupportive and stressful relationship with a boyfriend which she had quickly

The two mothers who had the most positive scores in terms of psycho-social outcome at the time of interview (Cherie and Angela, who had scores of 4 and 5 respectively, table 7(v)) both emphasized the importance of their sexual relationship in helping them to overcome their past.

Angela: "I'm lucky in that I've found a husband that's got no problems whatsoever in his childhood. He's got a normal family background. He's a bit older than me, and he comes with me, and the only way I've been able to cope with it is by having him. Some poor souls have got no-body."

Cherie: "I wouldn't have been able to survive not if there had been no-body there. You can't relate to a baby, you can't sit there and tell a baby. A baby can't give you a hug and make you feel better. If I didn't have Martin I think I would have killed myself I really do."

Although Cherie had experienced some parenting difficulties around the time of her first child's birth, despite her stable relationship these difficulties need to be put in the context of her extreme youth and her early experience of physical and sexual abuse. In these circumstances her current stability was remarkable. Thus the results echo those of both Quinton and Rutter's (1988) and Brown and Harris's (1978) studies in which the presence of a stable sexual relationship emerged as an important factor in mediating depression and disadvantage.

The emphasis in previous chapters has been on taking apart the notion of the sexual relationship as necessarily supportive and on seeing men as potential sources of stress. Here however we see how important the sexual relationship can be, particularly for women with fragmented family ties who are looking for many kinds of support from one relationship. As in Angela's case a supportive sexual relationship could also give mothers access to a substitute extended family who might meet some of the support needs which their family of origin had failed to fulfil. Conversely, Belinda and Martina's experiences illustrate how disastrous the consequences can be when the sexual relationship fails to deliver support to women who have no real alternative source of support.

As section 4(bv) of this chapter has shown, the majority of the ex-care mothers appear to find particularly unsupportive sexual partners largely due to

earlier destructive relationships and to *form* a stable supportive sexual relationship may also be related to her ability to come to terms with her past.

9) Accounting for parenting difficulties

Previous chapters have explored the way in which the ideological construction of motherhood and of the good mother has created an often unattainable goal which mothers feel they should strive toward whatever the personal cost, and the way in which this view of motherhood as it *should* be often impedes mothers' efforts to deal with mothering as it *is*. Mothers who are the focus of welfare intervention because of concerns about their parenting ability have to cope with the inference that they are 'bad' mothers. These mothers are faced with an ideological dilemma similar to that faced by mothers in heterosexual relationships who confront inequality in their relationships since they are faced with the problem of accommodating their belief in themselves as individuals with their official designation as 'bad mothers'. Because of the strong ideological reinforcement of the importance of motherhood in women's lives and the persuasive power of the ideology of good motherhood, mothers so described are likely to be presented with profound difficulties in coming to terms with such a designation. This process of assimilation is likely to be particularly difficult for mothers of children who have been placed on the child protection index or who have had their children permanently removed from them. These mothers have to somehow account for their apparent failure while maintaining a positive view of themselves.

In analysing this aspect of the accounts I have set aside questions of whether the mothers were 'really' good or bad parents, and of whether the interviews are an accurate reflection of 'real' events outside the accounts. Since the researcher has no direct access to the events described or to alternative interpretations of those events such an appraisal would be impossible. Instead, the focus here is on the way in which such mothers use the accounts to help

inevitably draws selectively upon those aspect of their experience which show that the responsibility for their difficulties in parenting lie elsewhere. Thus they tend to emphasise the social factors which contributed to their parenting difficulties or the problems they experienced in their close relationships. Martina, for example provided a coherent and persuasive account of the circumstances surrounding her first child's admission to care in which she emphasised her homelessness, her lack of effective support, and her boyfriend's violence as explanatory factors.

Martina: "We went to a bed and breakfast, not with Zoe 's father but with my first baby's father but things didn't go very well. He drunk too much. I'd never lived with him before. He just used to visit in the mother and baby unit. I'd never lived with him and I found it hard when he wanted to tell me what to do with the kid. Even though it was his I'd looked after her for what, 16 months on my own. Moving in with him I found it really hard him telling me what to do with her because she was mine-know what I mean. He'd never done nothing with her. We used to row andand he got violent as well really violent towards me. I was scared of him.I used to run and grab the baby.and move on somewhere else but he'd always find me. That's why they took her away from me. They said it was an unstable life for her just moving from bedsit to bedsit. I stood up in court when she was 18 months old and I said, "look, it aint me. He just keeps following me around"."

In these accounts there is an implicit appeal to the interviewer and through her to the wider audience of arbiters of good motherhood to understand, and to place themselves in the mother's position. This position is presented as besieged and unsupported as mothers frequently stress that they have been given inadequate or inappropriate help from professional agencies.

Martina: "They (social services) used to say, "we're thinking of her, its unstable for her flitting from bed sit to bed sit," and I used to say, "well find me somewhere!" but they didn't When I wanted to get away they wouldn't help me, they never did"

Although they had been the target of official professional censure mothers frequently brought in the testimony of individual professionals to endorse their parenting ability. This can be seen as an attempt to reduce the impact of the

asked me what his name was and that and dialled, and she got through. She drove me down there and my doctor wasn't there. He was lovely, he loved babies. The one I had to see was Martin's doctor and he wasn't so nice. He said, "why didn't you bring her before, this baby is seriously ill" I said, "aren't you going to examine her?" and he said, "there's no need for me to examine her. I know what's wrong with her without looking", and I said, "I'm sorry I can't take that, I'm not satisfied, I'm going to take her to the Lister Hospital."

The first part of this particular account can be read as a justification which is intended to negate the imputation of blame which arises from the G.P.'s criticism. By describing her exhaustive efforts to care for her sick child Cherie has already presented herself as a 'good mother' in medical as well as in lay terms, and has thus cast doubt on the G.Ps professional judgement. It is clear from this account that the baby was extremely ill, and that the G.P and later the social services department thought that the illness was due to the mothers' neglect. However, the account presents Cherie as doing all and indeed more than most 'normal' mothers should in the way of medical care prior to admission. Cherie also draws attention in the account to the fact that it is a *particular* doctors' opinion which is at issue here, implying that her own G.P would have treated her differently. She casts doubt on his competence by describing his refusal to examine the child, and presents *herself* rather than the doctor as having made the decision to have the child admitted to hospital. All these techniques act to reduce the credibility of the opposing view and to build an alternative view of Cherie as a good parent. Later in the account Cherie continues to cast herself in the role of 'good mother' by describing her deep concern and anxiety for the child's well being, and her willingness to suffer for her child, putting the child's' needs before her own (classic attributes of 'good motherhood').

Cherie: "She was in there for weeks, and of course we were at the hospital during the day, and we'd come back late at night and we'd be tired. I didn't eat for days all I did was smoke, smoke myself silly. I was in a right state."

These explanations all emphasise external sources of responsibility and de-emphasize the mother's role.

In these accounts mothers can be seen as struggling not only to present an acceptable view of themselves, but as actively searching for meaning, endeavouring to make sense of a shattering assault on their already fragile self-esteem. In their accounts mothers are engaged in a continual struggle to understand themselves and their past. Thus the accounts can be seen as part of the active construction of a new version of the self which can accommodate and explain earlier assaults. While the factual aspects of the account may remain fairly constant over time the mothers' *interpretation* of events is likely to change as they assimilate and reconstruct the significance of these events in ways which they find both meaningful and acceptable.

Mothers are here responding to their most pressing need, that is the need to construct a sense of meaning which enables them to carry on. In the face of their need for psychological survival the question of whether they were 'really' good or bad mothers becomes irrelevant. What does matter is their ability to overcome their experiences and to reconstruct their lives.

The accounts also show that the imputation of bad parenting creates an even more pressing need for mothers to re-define themselves in terms of 'normal' motherhood, forcing them back on stereotypical definitions of mothering and making it even more difficult for them to question dominant assumptions about maternal responsibility and blame. Thus mothers under extreme stress are likely to be forced to accept even more rigid definitions of personal maternal responsibility even though the social conditions in which they parent make the ideal of good parenting almost unattainable.

These accounts draw attention to the pressing need of mothers in child abuse cases to distance themselves from the imputation of blame by whatever means possible because of the overwhelmingly threatening nature of the designation 'bad mother'. These results have some implications for social work practice,

compounded the stress inherent in the parenting task and affected both mothers' and children's health, and the mothers' relationships with their children. While a comparison of the 2 groups of mothers within the study shows that the adverse social and economic conditions in which the ex-care mothers came to parent far exceeded those experienced by their stable counterparts, it is important to note that differences in the mean age of the 2 groups of mothers make direct comparisons problematic (the mean age of ex-care mothers at the time of the first birth was 17.6 years as opposed to 26.1 years for the stable mothers). This difference in age between the 2 groups is significant since there are marked differences in the experiences of younger and older mothers, with considerable disadvantages associated with early parenthood. For example, children of teenage mothers are reported to be at greater risk of low birth weight and perinatal death than children born to older mothers (Bury, 1984 ; Butler *et al*, 1981). Because of the different experiences of younger and older mothers it is appropriate to draw on the findings of other studies which focus on the experiences of young mothers from stable backgrounds in order to make inferences about the relative deprivation of mothers who have been in care. When the ex-care mothers are compared with other young mothers, considerable similarities emerge. Both groups of mothers tend to be both economically and educationally disadvantaged. Both are likely to come from working class backgrounds and to have low academic qualifications, poor employment prospects and to be dependent on welfare benefits (Bolton, 1980; Pittman, 1986; Simms and Smith, 1986). Both groups of mothers are also more likely to be single than older mothers. In these respects it could be argued that the present sample of ex-care mothers are simply reflecting the general characteristics of younger mothers who, because of their lack of alternative opportunities, are less likely to defer parenthood than their less disadvantaged counterparts.

However, the ex-care mothers differed from young mothers from stable backgrounds in several important respects. They tended to be considerably

The ex-care mothers' lack of social support tended to increase their vulnerability to the effects of social and economic disadvantage. Adolescent mothers from more stable backgrounds were more likely to receive practical support from their families, and thus were not so totally dependent on statutory welfare provisions. For example Phoenix (1991) reports that only 9% of the mothers in the Thomas Coram study of young mothers were in homeless families accommodation at the time of the child's birth, while 70% of the ex-care mothers in the current sample were in homeless families accommodation. The lack of family support also meant that ex-care mothers were more likely than other teenage mothers to *stay* dependent on state benefits. Although, as Pheonix (1991) points out, educational prospects are likely to be damaged by early parenthood, a number of women in the Thomas Coram study whose results she analysed were able to resume their education and therefore to improve their employment prospects with the help of relatives who cared for their child while they studied. This was not an option which was open to the ex-care mothers in the present study. Thus the problems of social and economic dependence experienced by teenage mothers as a whole were compounded for the ex-care mothers both by the personal vulnerability created by their adverse early life experience, and by their lack of social support.

Although children of teenage mothers are widely supposed to be at increased risk of child abuse or neglect at the hands of their parents, a number of researchers, among them Bolton and Belsky (1986), have found that teenage mothers are only marginally over represented in statistics of child abuse. This has prompted Pheonix (1991) to argue that it is not adolescent parenting itself which is problematic, but the social and economic disadvantages which are associated with early pregnancy. However, young *ex-care* mothers do appear to be heavily over represented in child abuse statistics (Greenland, 1979; Creighton, 1987). This appears to be borne out by the present study in which 3 of the ex-care mothers had children who had been placed on child protection

In comparing the experiences of individual mothers within the group it is possible to make some inferences about the factors which are important in mediating the effects of early disadvantage, and which could be used to shape the direction of future research with this most disadvantaged group of mothers. Such a study would take a comparable group of women with similar care experiences stratified for age of mother and child and look at the effects of the key social variables identified in the present study, for example education, health, socio-economic status, parenting and relational experience ^{vi}).

By analysing such factors in relation to measures of psycho-social outcome, it should be possible to identify the relative importance of such variables in contributing to ex-care women's psycho-social outcome and the benefits to be gained by intervention at various stages in the life cycle. An important part of the analysis of such a study would be an examination of mothers' perceptions of their close relationships, and the way they have come to terms with their early experience.

A number of key factors emerged from the analysis of the experiences of individual ex-care mothers in the present study. The analysis revealed a tendency for the mothers' situation to improve over time, so that the older the mother and the longer it was since she had left care, the better her social circumstances were likely to be. There was also a tendency for mothers of older children to be in better social and relational circumstances than mothers with young babies. These changes in mothers' circumstances over time point to the need for a longitudinal or a time series study which can look at the process of change in mothers' circumstances particularly around the time of leaving care and at the time of family formation, and which can make comparison between circumstances at the time of leaving care, and some time afterwards. In this way it might be possible to discover not only whether the trends noted in the present

^{vi}) (See appendix 7 (i) for an outline of factors to be included in such a study.).

mothers' ability to reconstruct and make sense of their experience. This search for meaning is likely to play an important part in mothers' ability to overcome their early deprivation and abuse. However, as Chapter 7 has argued, this focus on the individual's ability to come to terms with and assimilate past experiences is an approach which is often under-played in professional interventions with women who have been in care.

The analysis of the lives of women who appeared to have overcome some of the effects of disadvantage showed that although past experience and more specifically the level of childhood abuse and the length of time spent in care were associated with poor outcomes, this was by no means always the case. Chronic conflict in the mothers' close relationships emerged as an important predictor of both current maternal and parenting problems. This was a pattern which could also be found among mother from stable backgrounds. As Chapter 4 section 3c) has shown, social support does not emerge as an important mediator of social stress since high stress and low stress are most often found together and are deeply confounded within mothers' personal relationships. Parenting difficulties and maternal depression tended to be associated with chronic stress rather than with lack of support. Even relatively isolated mothers do well in comparison to mothers who have to cope with chronic social stress from which there can be no escape. The importance of the presence of chronic stress again underlines the importance of the relationship with the sexual partner. Marriage to a supportive spouse could have a powerful ameliorating effect on parenting even in the face of current social disadvantage. Because of its intimacy this was the relationship which was most commonly associated with chronic stress, but which could also act as a powerful protective factor for mothers in high stress situations who have adverse early experience. The ability to find a supportive sexual partner appeared to be related both to maturity, and to the mothers' ability to come to terms with her past experience. However, it would be wrong to place too much emphasis on the mothers' personality in determining the level of support which

encountered by the stable mothers, who experienced relatively low levels of stress and who could draw on moderate social support, became intolerable in the ex-care group where low support and high social stress were the norm, leading to acute distress and sometimes parenting failure and abuse. In particular, the ex-care mothers' sexual relationships, which in the stable group provided only limited support since they were circumscribed by gender and sex role ideology (La Rossa and La Rossa, 1981; Rubin, 1976) became for the ex-care mothers a primary source of stress and a source of physical risk to both mother and child. For all the mothers in the study there was some conflict between the needs of the child and the needs of the sexual partner, since mothers were forced to allocate the scarce resources of time and energy at their disposal between them. However, for the ex-care mothers this problem was exacerbated by the violence and the lack of mutuality in their sexual relationships. Because of their already depleted emotional and physical resources, the ex-care mothers were unable to absorb the additional stress created by their spouses' demands and their relationships with their children suffered in consequence.

In this chapter the ex-care mothers have been treated as a case study in disadvantage due to their high social stress and low levels of social stress in adulthood. Their experiences illustrate the way in which disadvantage may be perpetuated not through the psychological damage which is often seen as the primary cause of the perpetuation of disadvantage, but by social and relational processes, which are linked to the individual's position in the social structure, and their limited access to resources. Mothers' personal relationships are also shaped by these factors, and it is possible to observe in many of the mothers' current parenting situations a mirror image of the highly stressed and under resourced social context which precipitated their own entry into care. However, in spite of their crushing weight of disadvantage many of the women can and do manage to parent successfully. This chapter had outlined some of the factors which appear to make a difference to maternal outcomes, and which suggest that

Chapter 8. Conclusion.

1) Summary of findings

In reviewing the research findings from the present study it is necessary to ask to what extent they have addressed the problems identified at the outset of the research process. These were, how is mothering experienced from the mother's perspective, what are the causes and consequences of maternal stress, and from whom and in what ways do mothers derive effective support? It is also necessary to ask how this understanding of the mother's perspective on stress and support can be applied in order to relieve some of the stress experienced by mothers. In this chapter it is proposed to review the findings of the present study and then to examine these findings, firstly in order to see how they have increased our understanding of mothers' experiences across a variety of social situations, and secondly to see how that understanding might be used in order to help to relieve the stress which mothers experience.

1a) Motherhood in context

From the analysis of the interview and the diary data it was possible to identify some of the characteristic features of mothers' work. Mothers' work was closely bound up with the cultural and gender role expectations which surround them and which define women's role within the family. The work of parenting emerged as just one one part of the responsibilities which devolve upon women. Mothers' work was made up of the work associated with childcare, with domestic labour and with paid work responsibilities and it was the combination of all these factors which made up the total demands upon mothers' time and energy.

the extent of the social stress she experienced but also her ability to 'buy in' alternative sources of support and to avoid working a punishing double shift. Thus the effects of both class and gender tended to compound the stress associated with the task of caring for a young child. The analysis of mothering within its social context drew attention to the impossibility of seeing mothering in isolation from women's other responsibilities. Mothers' total workload and their access to physical resources had to be taken into account as key factors which could affect both the time they had available for their children and the quality of their relationships. This interaction between the social context and mothers' personal relationships became a key theme which was developed throughout the thesis.

1b) Personal relationships.

Both the social and economic resources available to mothers and the strength and quality of their personal support relationships had profound effects on the mother's ability to parent successfully. In many cases the close personal relationships from which they expected to derive effective support compounded the stress induced by the nature of the parenting task itself, thus *increasing* rather than alleviating the pressure on mothers' already strained resources.

The analysis of mothers' stress and support scores illustrated the extent of parenting stress and the level of support which occurred throughout this heterogeneous sample. It emerged that 92% of the mothers in the sample had 1 or more stress factors in addition to that normally induced by the parenting task and 56% of the sample (14 mothers) had an overall negative score on the stress / support index, indicating a net deficit between stress and support (Appendix b lists all stress and support factors used in this calculation).

were influenced by powerful discourses of appropriate maternal and gender behaviour which defined the 'acceptable' levels of stress and support which a mother was expected to experience.

While offering a measure of practical help and support, intimate relationships could also bring stress, since they imposed their own expectations on the mother's role. Relationships with the sexual partner in particular could bring conflict, since they were profoundly influenced by a sex role ideology which characterised motherhood as intrinsically rewarding and the father's contribution as an optional extra, given as a gift and not as a right. All the mothers who were in stable co-habitations identified the partner as both the main and preferred source of support and treated other sources of support as secondary. However, as the diary analysis showed, the practical support which could in practice be derived from the sexual partner was severely proscribed by mothers' assumption of primary child care responsibility and by the structural imbalance in gender roles which gave to the male the power to *choose* to what extent and in what way he would participate in parenting.

As Leonard and Speakman (1986) have argued, the ideology of motherhood is closely bound up with the construction of heterosexuality and of heterosexual marriage as the norm, and of the designation of motherhood either without men or outside marriage as deviant. Marriage, they argue, "Is a social institution regulated by law and custom based on and maintaining sexual divisions and male supremacy within a sexually divided society" (p 23). The ideology of motherhood places the sexual relationship within marriage at the centre of mothers' social and emotional lives. This ideology has profound effects on all mothers, whether they are in stable co-habitations or not, since all are influenced by the expectation that heterosexual marriage is the norm. As this study has shown, mothers do not accept these ideological assumptions unquestioningly.

of the sexual relationship as equal and supportive and the manifest inequality in gender roles, mothers were faced with the task of reconciling their expectations of support with their experience of inequality in order to maintain their belief in a mutually supportive sexual partnership. This struggle was revealed in the discrepancy between the diary accounts, which established a marked inequity in the gender based division of labour, and the interview accounts in which mothers described their sexual relationships as mutually beneficial.

The way in which mothers defined their role and the limits they placed upon their responsibilities profoundly affected their expectations of support and their view of themselves as parents. The accounts mothers gave of their experiences following the first birth, and in particular of their relationship with their sexual partner, were indicative of their struggle to come to terms with the unequal allocation of power and status within the context of a close and notionally reciprocal relationship.

1c) Professional support relationships

Professional relationships could sometimes act as a buffer against the stress which mothers experienced in their primary support relationships. However, these relationships were also socially and ideologically constructed. In their definitions of the causes and consequences of parenting dysfunction, professionals could be seen to be actively engaged in constructing definitions of 'good and normal families' and 'good and normal parenting'. These definitions were informed by a theory of personal responsibility which tended to underplay the effects of social structure and which led to a preference among professionals for psychologically based methods of intervention whose aim was to help mothers to adjust to their social situation rather than to actively change it.

this undermined their attempts to challenge what they saw as inappropriate intervention.

As a result, there were marked differences in the ways in which the stable and the ex-care mothers made use of professional support. Stable mothers were able to use professional expertise to improve their parenting skills and were thus able to derive a degree of effective support from their professional relationships. The ex-care mothers however, often found themselves at odds with professional norms which emphasised the importance of changing personality and behaviour rather than dealing with the mothers' pressing social problems. The ex-care mothers were above all wary of the power of professionals to intervene into parenting, and the likelihood that their stress-induced parenting problems would be interpreted as a sign of personal failure. They were therefore able to derive little effective support from their professional relationships. The ex-care mothers' inability to make use of professional support relationships thus compounded their disadvantage and forced them back on their existing limited and conflicted networks.

1d) The ex-care mothers.

The analysis of the experiences of the mothers who had been in care confirmed the initial hypothesis that they would come to parent in condition of acute disadvantage. All of this group had experienced high levels of social stress and low support at some time since their child's birth, although some of the mothers' situations had improved by the time of interview. The lack of social support experienced by the ex-care mothers, together with their social and economic deprivation, meant that they experienced levels of social stress which far exceeded those of the comparable stable population. Although it had been hypothesized that this group would have fragmented social ties in adulthood, the

the lives of *all* mothers, since all are vulnerable to the effects of stress and are in need of effective social support. The work of Quinton and Rutter (1985, 1988) and Rutter and Madge (1976) has drawn attention to the way in which deprivation in parenting can be perpetuated by the progressive closing down of social, educational and relational opportunities so that those who experience early disadvantage come to parent in conditions of social and relational disadvantage. Their analysis underlines the importance of *current* social disadvantage, rather than adverse early experience, in predicting parenting problems and points to the need for intervention aimed at reducing current social and relational stress. This insight is borne out by the results of the current study in which the analysis of mothers' current experience of stress and support showed that the acute social and relational disadvantage experienced by the ex-care mothers played a key role in determining their levels of parenting stress.

Both the stable and ex-care mothers were subject to the same kinds of current social and ideological stresses, the difference was in the degree to which they were experienced by both groups and the levels of social support available. The ex-care mothers' experiences were not therefore *qualitatively* different from those of their stable counterparts. They were subject to the same underlying ideological and social constructions which rendered all mothers vulnerable to the effects of social and relational stress. While high levels of social stress and low levels of support were likely to have a detrimental effect on the ability of *all* mothers to parent effectively, the extreme conditions in which many of the ex-care mothers were parenting exacerbated these levels of stress until they became incompatible with adequate parenting.

In treating the ex-care mothers as a case study in parenting under conditions of social and relational disadvantage it became possible to begin to identify some of the factors which were important in mediating or exacerbating social stress in

parenting and the nature of the support required. Such an analysis does not imply a deterministic view of women's experience as mothers, instead this was seen as both internally and externally constructed. Thus while mothers' relationships were seen as embedded in social and ideological processes which define the parameters of their experience, they were also engaged in making sense of their situation and were constantly re-interpreting and re-defining their relationships in the light of their experience.

The analysis of the nature of maternal stress showed that the stress of mothering did not arise primarily from mothers' personal inadequacy, or from elements in the social context, but from the *interaction* between the social context and mothers' individual construction of events. Thus, in order to understand the causes of and remedies for maternal stress it was necessary to focus upon the interaction between these two levels of experience. In the following section the insights gained from this analysis of mothers' experience are discussed, together with the implications of these results for the understanding of maternal stress and support. The results of this analysis have implications both for the way in which the causes of social stress are defined and for the appropriate response to maternal stress. Since the causes of maternal stress are not located in the mother's personality, the remedy for maternal stress does not lie primarily in changing mothers through 'improving' their attitudes and beliefs, or through educating them in more efficient child care techniques (although these may have a role to play), but in alleviating some of the sources of stress for mothers. However, uncritical attempts to improve 'support' for mothers without taking apart the way in which the notion of support is constructed and the meanings which mothers attach to it are also likely to be ineffective since these attempts fail to address the interaction between the social context and mothers' internal appraisal of events.

which explored the meaning which mothers attached to their support relationships, it became apparent that women were accepting the brunt of the responsibility even in 'joint parenting' situations and that men were still choosing the extent to which they would participate in domestic work and childcare. Although some feminist studies of parental negotiation have documented the inequality of the man's contribution in qualitative terms this issue has not been so directly addressed in quantitative studies. The strength of the current analysis lies in its ability to combine the two approaches, linking perception of the quality of the relationship to more quantifiable measures of the contribution made by each partner.

Parenting in the early months involves long hours of unceasing and often unrewarding vigilance. It is a task which cannot be undertaken easily by a single individual and yet, as this research has shown, childcare is commonly defined wholly or principally as woman's work. It is the ideological construction of parenting as synonymous with motherhood and therefore primarily as the woman's responsibility which systematically obscures the work which women undertake, portraying it as naturally rewarding and as relatively effortless. As the diary analysis has shown, however, childcare is only one aspect of a woman's work load, which may also include paid work and domestic responsibilities.

Since the needs of the child are relatively fixed and are only marginally amenable to re-organisation designed to reduce the burden of care itself, measures aimed at educating mothers to become more efficient child care practitioners are likely to be of only limited use. Women's stress needs to be understood in the context of their access to resources. This is likely to reflect women's position in the social structure which will determine the context in which mothering is carried out and their ability to buy in alternative child care

woman having the lion's share of responsibility for the emotional work in the relationship, which places the onus upon her to preserve the quality of the relationship in spite of its failure to fulfil her emotional needs.

In order to relieve the stress of mothering it is necessary to unravel the way in which the mother's role is constructed, questioning whether the organisation of the maternal role contributes to the mother's stress, and whether a re-definition of the maternal role might go some way to relieving their stress. From the women's accounts it is clear that the birth of the first child brings the issue of equality in the relationship to the fore since it underlines the woman's relative dependence and powerlessness and exposes the structural inequality within the sexual relationship. This inequality allows fathers to choose to opt out of parenting and forces mothers to negotiate for scarce resources of time and energy at a time when their social and economic autonomy is depleted. Men also have the power to impose sanctions upon women who fail to conform to the maternal ideal, by withdrawing affection or emotional closeness, by further reducing the practical support they offer, or ultimately through physical violence. Both because of their commitment to their sexual relationship, and because of their awareness of the sanctions that men could impose, mothers were reluctant to challenge the dominant discourse of mutuality within marriage by questioning the partner's contribution. They therefore expended a great deal of emotional and physical energy at a time when they could ill afford to do so in 'managing men', as one woman put it, that is, in attempting to socialise men into the paternal role and in negotiating for a more equal distribution of labour and for a fairer share of practical and emotional resources. When they met with resistance they were faced with the further task of constructing a rationale for their spouse's reluctance to provide them with support in terms which did not disturb the fragile tenor of their relationship. In doing this, mothers drew on the

2 c) The social context in which mothering is undertaken.

Social stress arising from the socio-economic context in which parenting was undertaken exacerbated existing work and relational stress. Poverty and the consequent lack of access to adequate material resources increased maternal stress by compounding the stress induced by childcare and by restricting mothers' access to alternative sources of support, for example by restricting their access to adequate substitute childcare. Thus for those mothers who were most disadvantaged (often the youngest and most vulnerable), social stress placed an additional burden upon their already strained resources and was thus likely to increase the strain on their close relationships.

Mothering was associated with some form of financial stress for almost all the mothers in the sample. The loss of the female wage and the consequent dependence either on the male wage earner, for those in stable co-habitations, or on state benefits for lone mothers, brought about a drop in income at a time when the birth of the child introduced new financial commitments. Few of the women received either statutory maternity benefit or had the option of returning to their occupation once the child was born.

These factors were related to social class and educational attainment, since women in middle class occupations had more opportunity to buy in alternative sources of childcare and domestic support. Thus in the current sample only a minority of reasonably well paid professionally qualified mothers found a return to work economically viable. In contrast, working class women who were in receipt of low wages were unable to buy in alternative support since they found child care costs prohibitive. Poorer women were forced to rely on friends or relatives to provide piecemeal part-time child care, which left the women feeling indebted to their unpaid carers, or in some cases cut down on their sleep in order

Male power at the macro level permits men to enforce a gender-based division of labour that advantages their own gender, so that women either work entirely within the household and are dependent on their spouses, or work in gender segregated low paid jobs and remain chiefly responsible for household tasks (Chafetz, 1989, pp 136-137). Thus male power confers on men the ability to control access to resources and to decide on their distribution, both in the public sphere of work where they occupy positions of occupational and material privilege relative to women and also in the private domestic sphere, where they can define the parameters of women's work (Brannen and Moss, 1987; Land, 1983; Wilson, 1987). It is this ability to control the distribution of resources within families which enables men to choose not only to allocate financial resources in ways which will benefit them but also to restrict mothers' access to leisure resources by limiting paternal participation in child care and domestic work, and thus increasing women's burden of responsibility.

2 d) Integrating experience.

The effects of the stress in the social context on the experience of mothering have been widely discussed elsewhere (For example Brown and Harris, 1978; Oakley, 1979; 1980). However, this thesis has attempted to look at the way in which the social *and* relational context affect women's lives in order to find out how these factors are integrated within the individual's experience. For the women in this sample the context in which they parented presented them with a number of very real dilemmas, some of them around the need to accommodate themselves physically to the increased demands made upon them, but many which were primarily concerned with establishing the meaning of their close relationships. Both the social and the ideological construction of motherhood contributed to the maternal experience and to the mothers' subjective appraisal

problems. This was shown by the preference of the most disadvantaged mothers for practical rather than for emotional professional support .

Mothers' interpretations of their experience were also likely to be defined by the available discourses of appropriate gender and maternal behaviour since these provided a pervasive set of readily available explanations through which their experience could be mediated. These ideological prescriptions defined the parameters of acceptable maternal behaviour, and mothers' expectations of, and ability to negotiate for, effective social support from their close relationships. The stronger the ideological imperative the more likely individuals were to try to make their experience fit these ideological prescriptions. The strength of the ideological construction of parenting as the mothers' prime responsibility, as naturally rewarding and fulfilling and of sexual relationships as equal and supportive, meant that mothers were likely to interpret their experience within these 'ideological guide lines'. Alternative discourses of maternal experience, for example feminist beliefs about the need for equality in sexual relationships, tended to be subordinate to the dominant discourses of appropriate maternal and gender behaviour. Even in situations in which mothers' experience of stress directly contradicted the twin discourses of mutuality in sexual relationships and fulfilment through mothering, mothers were likely to seek explanations which did not disturb these interpretations. In this mothers were responding to the ideological paradox at the heart of the experience of mothering, in which mothers' experiences of stress and their need for social support are closely bound up with the systematic concealment of the power basis underlying sexual relationships. It was only in situations where there was a profound divergence between ideological expectations and personal experience, and when other sources of explanation were exhausted (for example when mothers suffered acute stress due to overwork , or where they had experienced physical violence at the hands

class and gender. However, these structural solutions are unlikely to find favour with women unless they take into account the meanings which mothers attribute to their close relationships, and the emotional investment which they have in their sexual relationships. This tension between mothers' material and emotional interests is considered further in section 3.

3 Reducing maternal stress.

Since the stress of parenting can be seen as rooted in structural and ideological processes, it is necessary to look for structural and ideological solutions to what have previously been conceived of as private and personal problems. Frost and Stein (1989) have made this point forcefully in relation to child abuse, arguing that individual modes of explanation of child abuse and neglect are inadequate, since they ignore the importance of class and gender based differences in mothers' access to power and resources. They thus argue for a response to parenting problems which acknowledges not only individual but also institutional and societal responsibility.

Structural inequality, and particularly gender based inequality appears to lie at the heart of mothers' stress and their limited access to support in parenting. However, although it can be argued that because of this changes are needed which bring about an equal distribution of power and resources between the sexes, it is not so easy to identify how such change can be effected. It may be possible to effect some change through social policy initiatives. These could focus on supporting mothers through improved financial and statutory provision in the transition to parenthood (for example easier and cheaper access to alternative sources of child care), and on encouraging responsibility in fathers through improved parental leave, flexible working hours or through the child maintenance or taxation system. However, such solutions are dependent for

of their personal relationships. Because of this, women typically express little dissent concerning their role as mothers or the definition of their responsibilities within the family and are inclined to take responsibility for their feelings of distress, seeing these as evidence of personal failure. Mothers' emotional commitment to their marital relationship, their need for affection and lack of viable alternative sources of support mean that they are unlikely to challenge inequity within that relationship, and are unable to negotiate effectively for the support they need.

Thus while the the work of mothering and its attendant stress caused many women in stable co-habitations to question some aspects of their experience, they continued to seek explanations which did not directly challenge the prevailing construction of motherhood or of gender roles. Instead they favoured personal and relational solutions to stress related problems rather than structural solutions, and they resisted blaming their partner or calling the mutuality of their relationship into question. Even when acute relational and work related stress arose from the inequitable division of labour and from women's limited access to resources, mothers continued to resist structural explanations for the state of their personal relationships, seeing them as personally rather than socially constructed. As the discussion in Chapter 5 on the way in which mothers accounted for their distress has shown, these personal solutions brought mothers no relief from their stress, and instead increased their feelings of guilt and inadequacy at being unable to cope with what they saw as a personal problem.

In spite of the fact that they were hedged about by social and ideological constraints which emphasised their personal responsibility for their distress, the women in the study were actively engaged in trying to make sense of their experience. Mothers were not passively controlled by these external

perspectives and reflecting the way in which mothers made sense of their experience. Through this it was hoped to identify key factors which either contributed to or mediated the effects of stress for all mothers but particularly for mothers who were most vulnerable.

This was an exploratory study which aimed both to describe and to analyse mothers' experience of stress and support without making prior assumptions about the relevance of possible contributory factors. The breadth of this approach produced problems as well as possibilities. The need to look at a wide variety of possible influences on stress and support in parenting produced a sample design which emphasized the range of factors which might influence womens' experience as mothers at the expense of comparability. There were difficulties in making firm predictions from a study based on such a wide ranging and disparate group. This made it difficult to do more than identify a range of factors which contributed to maternal stress or support, and gave little opportunity for rigorous hypothesis testing. Thus while it was possible to identify key factors and likely combinations of factors which induced stress and support, it was not possible to make a clear assessment of the relative importance of the various factors. To do this would have required a much larger study, one in which the sample had been carefully matched and in which variables had been controlled at the outset. This approach would not have been in keeping with the primary aim of the study which was to explore and to deconstruct the meaning of stress and support.

The inclusion of 2 groups of mothers, one from stable and one from disrupted backgrounds raised particular problems of comparison since there were wide differences in maternal age between the 2 groups. A matched sample of young mothers from stable and disrupted backgrounds might have allowed for more useful comparisons. However, teenage mothers are a group with special

stratified at least on the key variables of interest; stress and support, and to make comparisons between for example high stress / low social support, mothers and low stress / low social support mothers, rather than letting these emerge from the analysis. This might have strengthened some of the observations brought out in the analysis of individual women's circumstances. However, the results of the present study suggest that high social stress / low support mothers from stable backgrounds might be extremely difficult to come by. Many of the sample selected for high current stress might also prove to have been in care, or to at least have experienced severe childhood disruption.

It would also have been extremely useful to have been able to compare mothers who had been in care who had poor support in adulthood with those who had adequate support. However, there were problems here both in finding ex-care women who have good current social support (although one or two with better support networks could be identified amongst the present sample, all the women had a history of fragmented social ties in adulthood) and because of the way in which stress and support were confounded within the mothers' personal relationships. Both of these factors made it difficult to identify and compare simple measures of good or of poor support.

While the results from the comparative approach to mothers' experiences could only suggest factors which could be tested in a more rigorous study design, the analysis of stress and support in terms of their subjective meaning was much more fruitful and made a significant contribution to the understanding of the way in which meaning is constructed in response to social and emotional expectations. Thus although this approach did not admit neat comparisons it did allow for an exploration of the range of possible influences upon stress and support and kept open the possibility of allowing meaning to emerge from the data. A more neatly stratified sample would have closed down some of the

positive or negative outcome for disadvantaged women towards understanding the process through which disadvantage is transmitted and sustained.

In this study the emphasis was on exploring the meaning of stress and support and their construction in women's lives. Thus while at the start of the study stress and support had been seen as fairly discrete quantifiable variables, as the analysis progressed it became increasingly difficult to view them as either discrete or objective variables since they were so tied up with the meaning which mothers gave to them. Although it was possible to view sources of economic stress in broadly objective terms, for the most part stress and support emerged as properties of the meaning which mothers ascribed to their close relationships. Even economic and social factors like access to resources of time and money were closely tied to the meaning which mothers' gave to their relationships and to the way in which these relationships were structured within the social and ideological context.

In the analysis it became clear that it was meaningless to describe a relationship as either stressful or supportive without understanding the mothers' subjective definitions of their experience and the location of the women's relationships within the social and ideological context in which they occurred. In this the study drew on the insights offered by research into social support which emphasizes the subjective nature of these concepts and therefore the importance of the individuals' perceptions of support and of the contradictory nature of many relationships which may act both as a buffer against stress and as a source of stress (Barrera, 1981; Dean and Lin, 1977; Leung, 1984; Lehman *et al*, 1986). This opened up the possibility of seeing support in terms of relationships which were defined both at the interpersonal and at the structural level. Rather than assuming that all close social ties are necessarily supportive the study looked at mothers' subjective perceptions of social support and the discrepancy which may

conflict *within* the accounts and at the process through which women make sense of conflict. It was therefore possible to see mothers as holding many different and conflicting interpretations of events and to look at the creation of meaning within the account. These areas of conflict and contradiction emerged as both a powerful source of stress and offered the potential for the creation of new meanings as mothers were driven to challenge hitherto taken for granted assumptions about mothering and gender roles..

As Howitt *et al* (1989) have argued, a rhetorical approach to accounts allows us to see the individual not as a scientist who makes dispassionate attributions of cause and responsibility in personal relationship but as debator who is juggling with several versions of events and theories of interpretation within one accounts. Such an analysis also makes some allowance for the role of emotions in thought since these conflicting interpretations occur at both at a cognitive and an emotional level. In the accounts presented in this thesis mothers could be seen to be engaged in a continual debate within themselves over the causes of and responsibility for their stress and the meaning they attached to their close relationships. This continuing debate reflected mothers' changing interpretations of their relationship as they struggled to come to terms with some of the contradictory aspects of their experience.

This dynamic approach to the construction of meaning presented problems in quantifying the attributions which mothers made since mothers were seen as juggling with a repertoire of interpretations rather than as holding to one relatively stable version of events. However, this focus offered the possibility of understanding how meaning is constructed and through this of not simply describing the attributions which mothers make but of understanding the process through which change in attributions may occur. This focus on the way in which mothers understand their situation necessarily involved an uneasy balance

(like paid work) and has thus remained relatively unpoliticised. Women's isolation within the nuclear family, and the ideological constraints on the sharing of maternal experience have obscured common causes and consequences of maternal stress so that it has been experienced as a personal failure rather than as a product of a particular social construction of events. The results of the present study suggest that research which highlights the way in which women's common experiences of stress and their lack of support are products of a particular social construction of motherhood rather than of maternal failure, may be an important means of legitimating mothers experience and of helping women to recognise the shared basis of their experience. The study has also shown how important the access to economic resources is in determining the quality of mothers' experience. There is an urgent need for research which attempts to identify specific measures which can alleviate the stress experienced by the most vulnerable mothers and which can contribute to our understanding of the ways in which such mothers overcome their disadvantage. In order to achieve this it is necessary to understand the process by which disadvantage is perpetuated amongst vulnerable mothers, and to identify the relative influence of the various social and relational stressors in determining these women's parenting experience.

The evidence from the present study suggests that in addition to changes in the social and economic context in which mothering is carried out a fundamental change in the balance of power within women's close relationships may be a necessary pre-requisite for the reduction of maternal stress. The division of labour in parenting is one key area in which this change could be effected, since as Piachaud (1984) has argued, it is mothers' commitment to and responsibility for parenting which reinforces the inequality in sexual roles by confirming the mothers' dependent economic status. An equal commitment to parenting by

This process of reappraisal and renegotiation can be observed in the current study, in which mothers are seen to be forced to re-appraise dominant discourses of motherhood and gender in the light of their experience of stress and to begin to construct a new interpretation of the maternal role which more nearly matches their interpretation of their experiences. A similar process can also be observed in the ex-care mothers' resistance to professional definitions of maternal experience, and their attempts to adapt professional intervention to their own needs. This struggle to re-define relationships and the strategies of accommodation and resistance employed in this process offer a potential insight into the way in which change occurs in close relationships.

This insight might be developed in future research which looks at the way in which conflicting alternative discourses of experience arise in response to tensions between dominant discourses and subjective experience. Such research could look at the process of conflict and negotiation through which such discourses are either assimilated or are resisted, and the changes which occur in relationships as a result of this process. The research would need to examine the ways in which social and ideological factors impinge on relationships, and the ways in which individuals integrate personal and structural influences into their experience and succeed in stepping outside societal constraints to re-define and thus to recreate their relationships.

The analysis in the present study raised many as yet unanswered questions about the construction of meaning. These centre on the extent to which individuals are free to challenge current dominant constructions of meaning and in what circumstances these challenges are most likely to arise. This is not simply a question of the individual adopting alternative interpretations of their experience (for example feminist interpretations of motherhood) but of the

to be related to the way in which individuals decide which aspects of their experience they will treat as objective and real and which they will treat as subjective. The present analysis showed that the distinction between the 'objective' social context and the 'subjective' relational context was often blurred. This was most apparent in the mothers' accounts of the work they did which were shown to be inextricably linked to their definitions of the meaning of motherhood and the nature of their close relationships. These distinctions became even more blurred when looking at mothers' response to dominant discourses of maternal behaviour which were often given the status of objective unchallengeable facts and which formed a relatively stable framework through which they appraised their experience. The study also showed that in certain circumstances the mothers were able to stand outside these discourses and to call hitherto taken for granted assumptions into question. This suggests the need for research which will examine these shifts in interpretation between what is treated as objective and unchangeable and what is treated as subjective and therefore open to question since the point at which individuals question the objectivity of current social constructions is likely to be an important site of personal and social change.

This thesis started with a concern to explore the relationship between the conditions in which mothering was carried out and the meaning which mothers attached to their experience. In doing this it has opened up the much larger question of the nature of personal meaning, and ultimately of personal identity. There is not scope to explore these questions further here, however this analysis has begun to show how complex the relationship between experience and meaning is. In this study individuals have not been seen merely in terms of the attributions they make, or of the personal schema they hold, nor as determined by either ideological or social conditions external to them. Instead they have

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from care, but with the fact that they faced the prospect of a future with little effective support either from family or from professionals. Because of this vulnerability the ex-care mothers were often driven into precipitous and unequal relationships with men who offered little support, as they searched for the security and emotional stability which was missing from their lives.

Angela: "I'd relied on him (boyfriend) for the wrong reasons anyway. I don't think he was a father figure but coming out of care, that he was all I had. Everything, that was family, lover, best friend, everything."

While the stable mothers expected affection from their sexual relationships, the ex-care mothers were prepared to settle for the man's physical presence.

Sharon: "At first he was using me, I know he was, he didn't give a shit about me, know what I mean? But I loved him because I fall in love so easily, so I was just putting up with it. It's really hard for me because I could say to him, "go out that door and never come back again". The way it is now, I really want to say that, but I just can't because I love him so much. I want to see him. And I want him to see his kid."

The mothers' vulnerability was increased by their lack of educational experience and training which made it virtually impossible for them to carve out an alternative independent life style. While stable mothers were likely to have higher self-esteem, and higher expectations of mutuality in relationships based on their educational or work achievements and their previous experience of family stability, the ex-care mothers had little experience of either personal achievement or family stability, and could only draw on their previous experience of conflict and oppression in sexual relationships. For 2 of these women their initiation into sexual relationships had come through childhood sexual abuse, which was characterised by violence and exploitation. Almost all had either experienced physical abuse themselves or had seen their mother assaulted by their father or by a co-habitee. They therefore had very low expectations of fulfilment through sexual relationships. These low expectations were reinforced by the violence which they experienced in their sexual relationships which increased the mothers' sense of powerlessness and reinforced their low self-esteem, making it increasingly difficult for them to gather the emotional and

mother) were, in the ex-care group, often themselves a source of stress. This was particularly true for mothers with violent partners. In addition, the ex-care mothers appeared to experience the greatest social stress and disruption in social networks around the time of the child's birth, precisely at the time when they are at their most vulnerable.

Both social structural factors and relational stressors were likely to affect the mothers' ability to parent successfully. The mothers' scores on the stress / support index (see chapter 4 section 2) were one indication of the effect of this stress on mothers' lives. All but 1 of the ex-care group came into the high stress / low support category. Of these, 50% could be said to be suffering acute stress (more than 6 stress factors) and 33% had a discrepancy of 6 or more between their experience of stress and of support (only 6.6% of the stable group had 6 or more stress factors, and none had a discrepancy of 6 or more between their experience of stress and support). None of the ex-care group had a positive score (that is, more support than stress), while 73% of the stable mothers scored positively.

This pattern of high stress and low support is made manifest in parenting distress (see Chapter 4, Table 4 (viii)). Three of the ex-care mothers had bonding difficulties, and 2 of their children were on the child protection register. There was a general relationship between high negative scores and multiple stress related problems. For example, the incidence of depression and difficulties in bonding and interaction occurred solely within the high stress / low support group and was most noticeable where the discrepancy between stress and support was greatest.

The relationship between stress and parenting difficulties needs to be understood in terms of mothers' limited access to physical and emotional resources. Both structural and relational stress could compound the stress associated with the parenting task, adding to the mothers' burden of work or to

Di: "Because I had such a hard time during my pregnancy. I should have been out enjoying it instead of being miserable. I had worries about where I was going to live, because all I did in the hospital was cry. I was so worried that they would put me away separate from Des (boyfriend) in a mother and toddler hostel."

As Weissman and Paykel (1974), and Cox *et al* (1987) have shown, maternal post partum depression is strongly associated with social stress, and can have profound effects on a mother's ability to form and maintain attachments with her infant and upon the quality of parent-infant interactions. Five of the ex-care mothers were self-described as suffering from depression, 3 had received treatment. These mothers attributed their depression to the stress they experienced.

Paulette: "I went through a bad time because I was quite depressed and everything because I was on my own and I had no-one to support me and everything, and I found it difficult."

Rachel: "He (housing official) promised us we would be rehoused in August, and at the end of July he said, "sorry there are no houses", and that really knocked me for six. I think that had a lot to do with why I got the post-natal depression."

Because of their lack of support from either spouse or from family, the child was the main source of meaning and comfort in the ex-care mothers' lives. However their need for support was so acute that they found themselves turning to their child in order to meet their unmet needs

Angela: "I found that I was turning to him for comfort, rather than me giving him comfort as a mother I was demanding it off him."

Di: "If I get depressed he is there. He is someone I can cling to and believe you me he understands. When Des has hit me he has always come up to me and he knows that I'm hurt."

The relational stress occasioned by mothers' conflicted and unsupportive relationships affected the day to day tenor of their relationships with their child. This was particularly true of the mothers' sexual relationships which for all but 2 of the ex-care mothers represented a net drain on their resources, inducing more stress than support. All these partners treated childcare as exclusively the

from their sexual partners' violence or from the indirect effects of violence towards themselves.

Tracy: "When Shane was a week old, that was the day I actually got rid of him when he got Shane by the scruff of the neck and threatened to kill him. That's when I got the police out. That was the first time I had, but I didn't care about myself, it was just the baby."

Martina: "That's how she's on a care supervision. Because when she was 6 weeks old he was chasing me and I ran out the door and as I went through, he grabbed me back and she banged her head and she got a bruise."

In spite of the difficulties involved, the ex-care mothers saw themselves as responsible for protecting their child from their sexual partner and were highly critical of women who were unable to do so. In this they showed themselves to be profoundly influenced by the same discourse of maternal responsibility as women in more stable circumstances.

Tracy: "Well a girl over here she'd only been going out with this bloke for 2 months and he give her son a black eye, and he got put in hospital and he got put with foster parents, and she still chooses the boy, not her little....she still chooses her boyfriend. But I said to Lee, (current boyfriend) if that was Lee that done it to him he wouldn't walk out the door without a knife in him. No way can he touch Shane. No-one can hit him. I won't even hit him."

Marie: "She'll give her boyfriend all her money before she buys any food for her baby or anything I said to her, "You shouldn't do that, you should always put your baby first before anybody. If something happens to him then you'll regret it."

In this they appeared to share the stable mothers' commitment to a view of motherhood as primarily the woman's responsibility and one which she should be able to carry out whatever the personal cost.

Sharon: "I've watched about abuse. I like watching things like that. Kids that have been beaten up and that, it says that the kids that have been hit always hit their kids but I wouldn't do it because I know what it feels like. I would never ever do it."

These mothers were parenting in conditions where the lack of fit between the dominant discourse of fulfilment through mothering and motherhood as

previous 3 years and from their histories it was possible to trace a pattern of extreme disorientation, characterised by housing problems and instability in sexual relationships, around the time they left care. This was followed by a period for many of the mothers in which there appeared to be *some* increase in stability.

Cherie's experiences indicate that the age of the first child rather than the length of time since leaving care might be the significant factor. Like the majority of the group Cherie had left care within the last 3 years. She had her first child at 15 and at the time of the interview was aged 18 and had just had her second child. Like Angela, her child was thus rather older than the rest of the sample (2.5 years old). Cherie's circumstances at the time of the first child's birth were highly stressed; she was living in overcrowded accommodation, her child was on the child protection register, and she was at one time in hiding from the social services department. However by the time of the interview, while she still experienced some stress arising from her strained relationship with her extended family and from the work of looking after 2 small children, her social circumstances were much improved. She was now securely housed in a housing association flat, her supportive relationship with her sexual partner had endured, and there was no longer any official concern about her parenting ability. The first birth appeared to occur at a time of maximum social stress for all the ex-care mothers, and it was only some time after the first birth that the mothers' situation began to stabilize. This in itself is an argument for more effective intervention targeted at these highly stressed mothers around the time of the first birth.

Table 7(v) shows an assessment of mothers on 5 basic measures of psycho-social outcome *at the time of interview*. These are; income, housing, health, parenting, and stability in sexual relationships. The results show that there had been considerable improvements in stability in housing not only since leaving care but also since the time of the child's birth.

Nine of the women were in stable accommodation by the time of interview (either council flat or housing association flat) compared with only 2 at the time of the child's birth). There had also been improvements in maternal health. While 4 of the mothers reported having suffered from depression since their child's birth only the mother whose child was still under 6 months was suffering from depression at the time of the interview. These results suggest that a mother's mental health is closely bound up with the age of her child and improves as the child gets older.

Income and stability in relationships, however, remained fairly constant. Two mothers were off income support at the time of interview compared with 1 at the time of the child's birth, and 3 mothers were in stable relationships compared with 2 at the time of the child's birth. Mothers' physical well being seemed to have declined since they had children, and showed no immediate signs of recovering. Mothers' parenting problems appeared to show some signs of stabilizing with the age of the child. While 6 of the mothers had had some professional social work involvement related to concern over the child's welfare since the child's birth, only 2 children were currently the focus of professional concern by the time of interview (both children were under a year old)

7) Pathways to Disadvantage

As Parton (1989) has pointed out, both child abuse and the perpetuation of disadvantage need to be understood in terms of 'multiple interacting factors including the parents' and children's psychological traits, the families' place in the larger social and economic structure, and the balance of external support and stresses both interpersonal and material (p 63). Factors associated with poor parenting are likely to be confounded with the effects of particular class, gender and racial divisions which in themselves limit the individual's life chances. It is important to include these questions in any analysis of the perpetuation of disadvantage for women who have been in care. The ex-care women in the

Marie: "He had a bad childhood. Its different for him because he doesn't know who his real family are, because he was brought up by white parents because he was black."

And in Paulette's account of her experiences with white foster parents.

Paulette: "We didn't really like it there and we started stealing from them.

Researcher: "You never liked them that much?"

Paulette: "Not really. The Dad was alright, but we just didn't feel like we were needed there sort of thing."

Researcher: "They didn't love you like the rest?"

Paulette: "No. And because we were black. And this school we went to there were only two other black people in the whole school. I just felt out of place."

One possible indication of the way in which the care system and the experience of being brought up as white may influence racial identity comes from the women's choice of sexual partner. All 3 chose white rather than black partners, and 2 described black men in almost totally negative terms which bore some resemblance to white racial stereotypes. White men in contrast were seen as being more egalitarian, sensitive and caring than black men.

Paulette: "I think I'd like to find a nice white guy. I think they are more understanding. Like the guy I used to go out with I could really talk to him sort of thing. With black guys they are just after one thing , and go as they please."

Marie: "He's a white bloke. I don't like black blokes."

Researcher: "Why is that?"

Marie: "Black blokes, I think they've got too much power. You see all these women that go out with black blokes and they've got no freedom at all. And I couldn't stand that, to have someone tell me what to do all the time."

Researcher: "And you think they tell you what to do all the time?"

Marie: "They do !! My friend she went out with a black man and he used to tell her what to wear and everything. If he didn't like something he'd tell her to take it off."

The experience of residential care appeared to provide the mothers with little stability, either in terms of residential placement or of carer and thus offered no

8) Overcoming Disadvantage

The preceding analysis which has looked at the disadvantages which ex-care mothers suffer as a group, raises a number of specific questions relating to the role of social and relational disadvantage in adulthood. Why for instance do some mothers appear to 'do better' than others in spite of what appear to be similarly adverse experiences? For example, mothers who had been physically and or sexually abused as children scored slightly higher in terms of current psycho-social outcome than mothers who had not suffered from such abuse (see Table 7(v)). Many of the mothers' mental health and parenting problems appear to be related to the level of current social stress which they were experiencing, and in particular to their relationship with their spouse or sexual partner. However, such results do not explain why some mothers (for example Tracy, who has a stress / support score of -5) appear to show neither mental health nor parenting problems in spite of high levels of stress and an unsupportive sexual relationship. Similarly Angela's positive psycho-social outcome at the age of 25 may be related to a natural tendency towards stability with age, or it may be due to some other factor, for example the presence of a good and consistent relationship with a professional care giver, or to some unidentified personality variable.

In order to understand some of the factors which mediate or exacerbate early disadvantage it is necessary to make comparisons *within* the group. In spite of the difficulties in making firm predictions from such a small heterogeneous sample, the comparison of mothers' experiences within the group can be useful in identifying key variables which may be important in the transmission of disadvantage, and in indicating some of the factors which may be important in overcoming the damaging effects of adverse early conditions.

Although the analysis of the ex-care mothers' circumstances around the time of the first child's birth shows that they were seriously economically

there was an association between levels of stress and parenting problems, the ex-care mothers' immunity cannot be explained solely in terms of lower levels of stress or in terms of the overall relationship between stress and support.

The quality of the women's current support relationships would appear to be a likely explanatory factor, yet Sharon was the only mother in the entire study to score 0 in terms of support on the stress / support index. (This score did not mean that she had no social contacts, but that she had no contacts which she perceived to be supportive)^{v)}

The quality of *past* support relationships might also be an explanatory factor. Some indication of the severity of early deprivation is given by 2 measures, the number of years mothers had been in care, and the incidence of chronic abuse in early life. These factors need to be interpreted cautiously since there is a real possibility that mothers may have played down the incidence of abuse, and particularly of sexual abuse in their childhood. As table 7(vi) shows, there does seem to be some association between problems in adulthood and both the severity of abuse and the length of time spent in care. However, as Sharon's experience shows, even where there is both severe abuse and a history of more than 10 years in care, this does not inevitably lead to either depression or parenting problems .

^{v)} As discussed in Chapter 4 section, support cannot be seen as independent of the individual's perception of support, although it may be deeply confounded with relational stress.

Sharon's perceptions of support can thus be taken as a reasonably accurate reflection of support levels although it is possible she may have been unaware or have underestimated some aspect of her social network support.

terminated. Her social network was also generally low on intimacy, although she had one strong supportive relationship with her mother.

Thus chronic conflict in relationships emerged as a factor strongly associated with severe parenting difficulties. For example, all the women who were in long term violent sexual relationships had either bonding difficulties or had a child who was currently on the child protection register. It appears that mothers could cope with high levels of stress and low levels of support. While the quality of their life was undoubtedly impaired by these factors, their parenting did not appear to suffer unduly. Tracey's experience also highlighted the mothers' ability to recover quite quickly when the source of severe relational stress had been removed.

Chronic stress, particularly from sexual relationships was almost always associated with adverse psycho-social outcomes. This association can also be observed in the experiences of the stable mothers who, despite good early experiences had poor outcomes at the time of interview. Those mothers who had chronic stress from which there was no escape also manifested depression or parenting difficulties. For example both Judi who had chronic conflict *between* members of the household, and Kathy who had chronic stress arising from her relationship with her spouse became severely depressed. To a lesser extent the difficulties which Kim, the only stable mother who had experienced severe child management problems can be attributed to the severe and chronic conflict which existed within her family of origin and from which she felt powerless to escape.

While chronic relational stress was a good predictor of maternal difficulties, when this was combined with chronic social stress the association between this and poor maternal outcome was very strong. Thus all the mothers who had both chronic social and relational stress were either depressed or had parenting difficulties *regardless* of the levels of support from other areas, and regardless of their early experience. However, poor early experience and chronic social stress were not always associated with subsequent difficulties.

their acute emotional and economic vulnerability on leaving care. However Cherie and Angela *did* manage to find supportive partners. Cherie met her partner while she was in care and had stayed with him ever since, and there is no obvious explanation of why this relationship should have survived against all the odds. Angela's stability in her sexual relationship may be partly a reflection of her age and the length of time since she left care, since she reported having had a variety of unsupportive partners between leaving care and her current stable marriage. However, the ability to come to terms with past experience may also be an important factor in escaping from disadvantage. Angela was the only mother in the group to seek professional counselling in adulthood. In her account Angela emphasized the importance of counselling in helping her to reach stability. She described how the birth of the child had brought many childhood issues to a head, and how she had sought counselling in order to preserve her relationship with her child.

Angela: "I used to see him drowning in my mind. But it was in a conscious awake dream I actually thought, do I want to do this? I didn't think,. "I want to kill you I want to dump you "because I didn't. He was my lifeline. .And I would sit there and go through being taken to the Warneford and locked up and put in a straight jacket, and be in absolute despair at having killed him , or watched him drown, practically killed him and being locked away, and I felt the actual loss. And then I'd come round a bit, and he'd be lying there and gurgling away and I'd think, how dare you feel like that when you're making me. I actually had enough nerve, it was the best thing I ever did, was to go to child guidance."

The need to come to terms with the past was, however, an aspect of their experience which the mothers felt was seldom confronted by social workers

Angela: "I tried to talk when I was younger but you get made to feel guilty about trying to sort out your feelings. I think it was perhaps too late, well I think looking back on it I could have done with proper counselling."

Much of the improvement in Angela's financial and emotional situation can be attributed to her favourable marriage. Yet her ability to move on from her

them to come to terms with their designation as bad mothers and with their experience of being the targets of professional intervention because of their parenting difficulties. Three of the ex-care mothers; Martina, Cherie and Belinda had children who had been at one time assessed as 'at risk'. Of these, Martina had her first child taken into care, and her second child was on the child protection register at the time of the interview. It is these mothers' accounts which will be considered here.

Like mothers' accounts of inequalities in the division of labour in heterosexual relationships, these accounts have to be understood in the context of the dominant ideological framework which underpins mothers' experiences. In this case it is the identification with the ideal of good motherhood as central to what it means to be a woman that makes the designation of bad motherhood so difficult to accept. Thus in their accounts mothers whose children have been designated as at risk must strive hard to distance themselves from any imputation of blame and from their association with attributes associated with 'bad motherhood'.

Belinda: "Because when my old social worker wrote me a letter saying that he was on the child protection list he told me it was because of both your background, and I haven't got a record for none of that. I've never done that. I couldn't do that to any kid, but he's got the record. I haven't got that record. The only record I've got is for criminal damages , and that's all I've got."

Mothers may also seek to minimise the professional concern over their child in an effort to reduce the implied criticism of their parenting.

Belinda : "I've got a case conference tomorrow to see the progress of me. They only make sure that he's doing O.k with his weight."

It is possible to read the entire interview with these mothers and particularly their accounts of their early experience and family problems as an attempt to put their present difficulties in their social and relational context, and to provide a more comprehensive explanation of events. In this sense mothers can be seen as presenting a more adequate account of their experience but it is one which

criticism by breaking up the consensus and by locating official censure in one individual or in one professional agency (usually a social services department). In employing this strategy mothers are at once rejecting the imputation that they are bad mothers, while accepting the right of professionals to make that judgement .

Cherie: "Basically they said I hadn't been looking after her properly, that I was warned this was going to happen and it was my fault. With which, this woman doctor who kept coming to see me and was looking after Laura stood up and she went at him hammer and bloody tongs. She really did. She told him he didn't know what he was talking about, it was nothing to do with me and in her eyes I was a very good mother. Well he didn't like that.

Cherie: "She (health visitor) did nothing but back me all the bloody way. The doctor backed me. He wrote wonderful reports but they still didn't back off."

Cherie: "The warden said from the day we moved in that we don't need this scheme. And that in her eyes I was a very good and responsible mother. In fact she's written in reports that I'm the most responsible mother she's had here. We go there for lunch So social services just go it all arse about face."

Martina: " She (the social worker) said, "you don't need me. I don't even know why the hospital made the social services get involved." As far as the social services were concerned, Zoe wasn't being abused- she wasn't being neglected."

In many of these accounts mothers present a detailed justification of their parenting ability in an effort to ward off anticipated censure, as in Cherie's account of her reaction to her baby's illness which was later diagnosed as pneumonia.

Cherie: "This particular night she cried and she screamed and she cried. I was back up and down the bloody stairs. I tried more milk, nothing happened. I tried wind. I gave her gripe water, it wasn't wind. I checked her nappy, it wasn't constipation , but I gave her sugar and water just in case. It wasn't colic, I know what colic is like I had it for three months with my little brother. I tried laying her on her tummy across my knees and patting her back. She still screamed and cried. She didn't want a drink or food or anything she didn't even want to be held. By next morning we needed match sticks to hold our eyes open and I said to Martin, "you go to work I'll phone the doctor", because she wasn't well. Amy (foster mother)

In addition to emphasising professional dissent, Cherie's account describes a number of professional critics as 'recanting' that is, as saying that they no longer believed their former criticisms to be true

Cherie: She(foster mother) denied everything absolutely everything. Then she told the social workers, "yes she did say that, and she doesn't know why she did say that."

Researcher: "So she said to the social workers it wasn't true?"

Cherie: "Yeah, and all the social workers would say to me and my Mum was that emotions were running very high that week"

Cherie : "When the student (social worker) turned up I could have killed her. She told my barrister, and I quote, "she had been set up by social services." Right? She wouldn't say what that means.but she said she was forced to say what she did. As soon as she wrote that affidavit she changed her job. She left social services and became a probation officer, and we never saw her again."

What is striking here is the number of times which these endorsements and disavowals occur throughout Cherie's interview. She is not only presenting an account which works hard to establish her credentials as a good mother in the face of doubt, she appears also to be using the account to *create* a version of events which she herself finds acceptable. Thus in these accounts we have the sense of a continuous attempt to construct a new meaning out of an unacceptable situation as Cherie returns again and again to the criticisms of her mothering and produces several different explanation of events in order to make sense of these criticisms without admitting the possibility of her own failure. This account in particular produces a strong sense of a restless search for ways in which the overwhelmingly threatening imputation of failed motherhood can be warded off.

This search for meaning can also be observed in Martina's account in which she offers several alternative and sometimes contradictory explanations of her parenting difficulties. Within one account she offers explanations which emphasise her housing difficulties, her violent spouse, her lack of professional support and her child's personality as factors in the child's admission to care.

much of which is currently focused upon getting the client to acknowledge her shortcomings and working with the social worker on changing her behaviour. The accounts in this study suggest that mothers literally cannot afford to see themselves as culpable as this is too potentially damaging to their already low self-esteem, therefore it is unrealistic to expect them to acknowledge their 'blame'. Instead they need to find explanations in which they can accommodate their personal sense of responsibility within the social and ideological context which precipitated the abuse. It is these factors, and in particular the levels of social and emotional stress which they experience, which the mothers in the present study are drawing attention to in their accounts. Professionals working with 'abusive' mothers need to take these social factors, particularly the women's poverty and their relative powerlessness in relation to men into account in their construction of theories of personal responsibility. The mothers' accounts can be read as an attempt to put these aspects of maternal experience on the professional agenda alongside more traditional explanations which are couched in terms of personal weakness or culpability.

10) Conclusion

The perpetuation of parenting deprivation, as Quinton and Rutter(1985) have shown, cannot simply be attributed to the transmission of poor parenting techniques or to the damage to personality produced by adverse early experience. It is the product of a complex interaction between early experience and later life conditions which may compound or alleviate the effects of early disadvantage. Early deprivation predicts a pattern of disruption throughout childhood in which opportunities for social and educational advancement are progressively closed down, so that children who have been in care both come from and are effectively replaced into the most disadvantaged groups within society. It is possible to observe this pattern in the current sample of mothers who parented in conditions of social-structural and economic disadvantage which

younger than teenage mothers from stable backgrounds. While 66% of adolescent births in England and Wales are to mothers aged 18 or more (Jones et al, 1986 ; OPCS, 1987), 50 % of the ex-care mothers were 17 or less at the time of the birth, and 2 were 15. This difference is even more pronounced when rates of pregnancy are considered. All of the ex-care mothers had had at least one pregnancy by the age of 18, although a number of early pregnancies had ended in miscarriage or abortion.

As Phoenix (1991) has pointed out, teenage mothers cannot be treated as a homogeneous group since many of the poor outcomes for teenage mothers and their children are associated with births to mothers under 17 rather than to teenage births *per se*. Because they were considerably younger than most adolescent parents the ex-care mothers were particularly physically and emotionally vulnerable, and were also likely to be unprepared for the responsibilities of both independent living and parenthood (Moss and Lav, 1985; Simms and Smith, 1986).

The ex-care mothers also differed considerably from adolescent mothers from stable backgrounds in their access to social support. Although most young mothers appear to have similarly unsupportive or non-existent relationships with the child's father, or with sexual partners, a number of studies, among them those of McIntyre (1971), Phoenix (1991) and Sharpe (1981) have shown that teenage mothers usually receive considerable alternative support from their extended family, and particularly from their mother. In this respect the ex-care mothers in this study fared much worse than their stable adolescent counterparts, since only one had a close relationship with her mother, and few received consistent practical support from their extended family. There may also be differences in the degree of stress caused by the sexual relationship, since the ex-care mothers in the present sample appeared to have particularly unsupportive relationships with their spouse and almost all had at one time been subjected to violent assault from their sexual partners.

registers and 3 other mothers had been subject to professional intervention because their children were felt to be at risk of abuse. Although the over representations of ex-care mothers in child abuse statistics has often been seen as a result of their early experience of abuse and neglect (see, for example, Oliver *et al.*, 1974), ex-care mothers are also more likely to be found in high risk categories which reflect *current* parenting stress. For example, they are more likely to be found in the lowest socio-economic groups, to be found in lone or step-parent families, and to experience marital disharmony (Creighton, 1984). Thus, although there are undeniable links between adverse early experience and later disadvantage, it may be the ex-care mothers' *current* social disadvantage rather than their adverse early experience which is the major cause of their parenting difficulty.

By focusing on current stress and support factors it becomes possible to identify ways in which the effects of early disadvantage can be relieved by intervention in adulthood. The analysis of the conditions of socio-economic deprivation in which ex-care mothers come to parent and the effects of social stress upon parenting imply that intervention which attempts to improve current social functioning and life chances may be an important means of redressing the effects of early deprivation. More specifically, a focus upon improving educational opportunities for those in care, together with an effective after care policy which includes adequate housing provision, training for independence and support over the transition from care, may be vital in reducing stress and thus enhancing positive outcomes. Mothers' need for effective social support can in part be addressed by consistent care both during their time in care and in the stressful period after their discharge from care. By providing both practical and emotional support it may be possible to relieve some of the stresses associated with parenting for this group, thus reducing their acute need for social support, and indirectly helping them to form more equal and supportive sexual relationships.

study towards stability with age of mother and age of child are borne out in a larger study, but to understand the factors which influence the changes which occur in mothers' relationships and social circumstances over time.

The effects of class and ethnicity also emerged as important both in predicting mothers' admission into care, and their subsequent access to social and economic resources. While women in care were almost always drawn from and returned to the most disadvantaged sector of society, the experiences of the three black women in the study drew attention to the role of the care system in compounding the disadvantage of black women by failing to meet their needs. Any future study would need to take account of the relationship between ethnicity and the care experience, and to address the problem of both overt and covert racism in the care of black children.

The care experience itself emerged as a contributory factor to the fragmentation of the women's support networks which left them vulnerable and unsupported in adulthood. Specific forms of intervention, for example frequent changes of placement, lack of liaison with parents and the decision to split up siblings could increase the fragmentation in mothers family ties, and make it increasingly difficult for mothers to gain effective support from these relationships on leaving care. Any future search would need to look in more detail at the role which specific forms of intervention played in perpetuating or alleviating disadvantage. In particular the mothers' perceptions of the effectiveness of professional intervention would need to be examined in view of the lack of fit between the professional and the client view of support.(see chapter 7).

The analysis of the ways in which mothers whose parenting has been called into question account for the imputation that they are bad mothers draws attention to the fact that professional intervention may compound mothers' existing difficulties presenting them with an additional assault upon their self-esteem which must be accommodated. However, these accounts also show the

can be derived from the sexual relationship since as chapter 5 has shown the sexual relationship is itself deeply problematic since it is underpinned by an ideology of gender which often runs contrary to women's interests.

The experience of the ex-care mothers illustrates the importance of the context in which parenting occurs for all mothers but especially for those who are most disadvantaged. In examining the process by which the ex-care mothers parent in conditions of social and relational disadvantage and the effects which this has upon their parenting experience, it is possible to begin to understand the way in which stress and support operates in the lives of *all* mothers. All the mothers in the study were shown to be vulnerable to the effects of social and relational stress and were in need of effective social support. As the results of the stress / support index have shown (Chapter 4, table 4 (ix)), high levels of social stress and low levels of support are likely to have a detrimental effect on the ability of all mothers to parent effectively, and the greater the discrepancy between stress and support the greater the difficulties experienced. For example, the incidence of severe child management problems was confined to mothers who had a negative stress / support score *regardless* of their early family experience.

The ex-care mothers' experience illustrates the way in which the social construction of motherhood, and especially the primacy given to maternal responsibility, makes women acutely vulnerable to social and relational stress. A number of researchers, among them Wearing (1984), Renvoise (1978) and Graham (1980) have pointed out that the stress associated with caring for a young child often drives 'normal', stable and economically secure mothers to the brink of child abuse, and have argued for the need for a reformation of the problem of child abuse suggesting that the central question is, "not why a minority of parents batter their children, but why and how the majority of parents manage to survive the early months after birth without resorting to abuse"(Graham,1980, p 51). The results of the present study illustrate the way in which the problems

measures to reduce levels of social and relational stress *can* be effective in improving these mothers' chances. The problem for these mothers appears to be not so much lack of support in adulthood as high levels of stress. The first task of any programme of intervention should therefore be to reduce levels of stress rather than attributing parenting difficulties to aspects of the mothers' personality.

The work associated with child care was revealed to be both arduous and stressful. Mothers frequently cited the long hours spent alone with the child, the unremitting nature of the childcare task and their inability to control their working environment as stressful features of the parenting experience. The role of mother demanded constant flexibility on the part of the woman, who had to adapt herself constantly to the needs of her child. Because mothers could not impose their own structure on their working day or rely on periods of uninterrupted sleep or leisure, this contributed to their feelings of fatigue and depression. These results support those of Graham and Mckee (1980), Oakley (1974a) and Sharpe (1981) who reported that mothers in their studies similarly found their work to be long, arduous, lonely and only fleetingly satisfying, and who found that mothers were often frustrated in their attempts to devote their time and energy to their relationship with their child by their other paid work and domestic commitments.

This arduous maternal role had to be fitted into the other demands which were made upon the mothers' time and energy, and it was the combination of these responsibilities which contributed to maternal stress. The diary analysis showed that mothers in the current study worked on average 13.66 hours per day and that the practical support which they received from others was extremely limited. Thus the organisation of parenting around the central role of the mother compounded the stress inherent in the parenting task itself, since it increased the mothers' isolation and sense of responsibility, forcing them to spend prolonged periods alone without hope of relief.

The mother's access to social and economic resources, which was principally determined by her place in the class structure and by her gender, also emerged as an important influence on the parenting experience. The mother's access to economic resources within the family and within society could determine not only

Mothers who were caring for their child in circumstances of social disadvantage all experienced acute parenting stress. This was particularly true of the ex-care mothers who were living in highly stressed social and economic circumstances, whose social contacts were conflicted and who had limited access to alternative sources of social support. This was reflected in their scores on the stress / support index. While 11 of the stable mothers had positive scores on the index (that is, more support than stress) none of the ex-care mothers had a positive score and all but 1 came into the high stress, low support category. Of these, 5 could be said to be suffering acute stress.

The results also showed a significant relationship between stress / support scores and stress linked problems in mother and child, principally depression, bonding difficulties, and difficulties in mother / child interaction. Not only did such problems occur solely in mothers with negative stress / support scores, but there was also a general relationship between high negative scores and multiple stress-related problems, which were most marked where the discrepancy between stress and support was greatest. Most notable was the relationship between high negative scores and professional concern about the child's welfare.(see Table 4 (ix)). These results suggested that social stress can have an important role to play in undermining the relationship between mother and child. However, it is also possible to interpret these results as a sign that mothers under severe social stress are more likely to be censured by professionals who see their social disadvantage as evidence of personal inadequacy.

Mothers' support needs were most often met from within their existing close relationships and these relationships played an important part in shaping the quality of mothers' parenting experience. However, the quality of these relationships and the limits of acceptable and appropriate support behaviour

However, even women who challenge dominant assumptions about marriage and gender roles still find themselves in a society which treats these as the norm. This assumption has real effects on the emotional and physical resources available to all women whatever their marital status. The designation of the sexual relationship as the primary focus of meaning and support for *all* women, and thus the expectation that male support would be the norm, effectively cut mothers off from alternative sources of support by characterising these as unnecessary. This, together with the retrenchment in social ties which often followed the first birth, severely limited mothers' access to alternative sources of social support, making all mothers increasingly dependent on their relationship with their sexual partner. The ideology of motherhood thus not only defines the limits of effective support *within* the sexual relationship, but also defines mothers' access to and use of *alternative* sources of support. It forces mothers back into an emotional investment in what are often unsupportive and stressful sexual relationships. In the current sample this presented acute problems even for mothers who experienced only moderate social stress and who had some access to alternative sources of support. However, for the ex-care mothers who parented in conditions of extreme social stress and who also had fragmented and unsupportive social ties, the effects of this lack of support were inevitably reflected in their increased incidence of depression, illness and impaired relationships between mother and child.

The inherent contradictions in the way that this central support relationship was constructed placed mothers within an irreconcilable ideological dilemma in which their closest and most intimate relationship was at once seen as naturally supportive and at the same time the culturally defined limits placed on that support ensured that mothers gained little effective benefit from these relationships. In the face of the discrepancy between the ideological construction

This tendency of professionals to emphasise women's psychological adjustment at the expense of changing the social structure gave rise to a marked lack of fit between professional and client perceptions of the meaning of support, which was most noticeable amongst those mothers (mainly those who had been in care) who experienced severe social stress.

The imbalance in power between client and professional conferred on the professionals the ability to define normal and appropriate behaviour in childbirth and parenting and to sanction or punish parental deviance, just as gender-based imbalances in access to power and resources confer on men the power to define the limit of acceptable maternal support. Professional relationships inevitably reflected the structural imbalance in access to power and resources between mothers and professionals. These imbalances could generally be attributed to mothers' vulnerability and inexperience at the time of the first birth, to the professionals' access to exclusive knowledge and skills and to their possession of statutory powers to intervene in childcare. However, for working class mothers these factors were compounded by structural inequalities which tended to underline differences in perspective. Mothers' ability to make effective use of professional support was influenced by their prior access to knowledge and resources and their ability to share middle class professional norms which carried with them an assumption of social and economic stability and which therefore placed strong emphasis on personal adaptation rather than social change. These shared perspectives not only allowed middle class mothers to gain more effective support from professionals but also gave them the confidence and the status to resist intervention which they felt to be inappropriate. Because of their different circumstances, working class mothers and particularly mothers under severe social stress tended to be seen as 'abnormal' by professionals and

extent of their relational stress had not been fully anticipated, particularly the degree of stress which they experienced from violent and coercive sexual relationships. Thus, not only were these women socially and economically disadvantaged, but also their close relationships, particularly their sexual relationships, were often an additional source of stress rather than a source of support. These findings, together with the experiences of the mothers from stable backgrounds who often appeared to derive little effective support from their sexual relationships, raised doubts about the wisdom of seeing even stable sexual relationships as *necessarily* supportive, as for example in Brown and Harris's (1978) study, since the sexual relationship seemed to carry with it so many negative outcomes for so many women. This is perhaps the result of the high and unequal expectations which surrounded mothers as opposed to fathers as parents.

The analysis also confirmed the initial hypothesis that parenting in high stress and low support conditions would directly affect women's experiences as mothers and highlighted the way in which adverse social and relational conditions increased parenting stress and took their toll on mothers' health and on relationships between mother and child. While the ex-care mothers shared many of the problems of social and economic dependence experienced by teenage mothers in the general population, these were more severe for the ex-care mothers because of the vulnerability created by their adverse early life experience, and by their lack of current social support. These social and relational factors compounded the stress which was brought about by features of the child-care task itself, thus reducing mothers' ability to parent successfully.

The analysis of the ex-care mothers who parented in conditions of severe social and relational stress and the effects which this had upon their experience as mothers offers an insight into the way in which stress and support operate in

the current parenting context. Conflict in close relationships emerged as an important factor in compounding social stress and in negating potential support from other close relationships. For the ex-care mothers, positive levels of support and low social stress in the current social context could be an important way of mediating the effects of early disadvantage. However, the care experience itself, and the social and economic deprivation associated with long periods spent in care, progressively closed down the ex-care mothers' opportunities and ensured that they could be found in high stress / low support situations in adulthood. By examining the processes through which opportunities for these mothers were progressively closed down throughout childhood and early adulthood, and the role of stress and social support in the mothers' current social context, it became possible to begin to identify ways in which the pattern might be broken by successful intervention.

2 The causes of maternal stress.

In contrast to studies which have looked at mothering in terms of the needs of the child or of society and which have therefore emphasised either motherhood as an institution or as a relationship between mother and child, the present study has attempted to understand mothering from the mothers' own perspective. Thus mothering can be seen not simply as a social construction nor as a purely personal relationship between mother and child, but as an experience in which social structural and relational factors are integrated by the meaning which mothers ascribe to them. As a result, in this research stress and support have been treated neither as simple quantifiable variables, nor as subjective psychological states but have instead been analysed in terms of the total context in which parenting occurs, looking at the way in which social-structural, relational and ideological features inter-relate to determine the stress of

2 a)The work of mothering.

In this study mothers' work was seen as made up of the sum of her domestic work, paid work and child-care responsibilities. The need to understand mothers' work in the context of their other responsibilities was addressed in the diary analysis which showed that childcare is only one aspect of a woman's work load, which may also include paid work and domestic responsibilities. This part of the analysis drew on the insights offered by time use studies such as those of Berk and Berk (1979) and Robinson (1977) who used diaries to analyse women's days both by the nature and timing of the activity and by the allocation and distribution of tasks. In the present study this approach was combined with that used in interactionist studies of parenthood (for example La Rossa and La Rossa, 1981), in which the focus is on the way in which parental roles are negotiated and organized. These twin emphases allowed for an understanding of both the tasks that mothers carried out and the level of responsibility which partners carried. Thus the assumptions of task sharing between spouses made in other time-use studies were called into question in view of the structural inequalities which exist in gender roles and which underlie parental negotiation.

In focusing on responsibility within the relationship and the freedom to pursue other interests rather than simply on the allocation of tasks it was possible to produce a more accurate assessment of mothers' workloads. The analysis showed that while for most women the sexual partner was seen as the main source of support, the practical support which was actually derived from this relationship was extremely limited. Many tasks which would have been seen as shared in other time-use studies emerged in this analysis as mainly if not totally the woman's responsibility. By using a time-use diary analysis which took these issues of responsibility into account in conjunction with an interview

provision or to otherwise reduce their burden of work. However, the problem of women's stress due to overwork also needs to be addressed in terms of the construction of the maternal role and of gender relationships. The redistribution of responsibility and workload within the family, so that the task of parenting is shared more equitably and mothers' other commitments are reduced is likely to be an important means of relieving maternal stress.

2 b) The relational context.

As this study has shown, stress and support cannot be understood simply in terms of the material conditions in which mothering is undertaken but needs to be placed in the context of the meanings which mothers attach to their identity and their close relationships. Stress may arise from the way in which these relationships are constructed and from their failure to meet mothers' needs or expectations. Thus in this study intimate relationships have not been seen as inherently supportive, since they may themselves place further stress on the mother by creating demands both on her time and on her emotional energy as she struggles to make sense of them and to accommodate the actions of others within her existing framework of meaning.

The results of the present research have shown that mothers' close relationships can be a source of both stress *and* support. As this chapter has argued this is particularly true of the relationship with the spouse who is described as both a main source of support and meaning and as a major source of stress. Much of the stress from this relationship arises from the inherent structural imbalances in gender roles which bring about an unequal distribution of power and resources and which mothers have to struggle to come to terms with in the months following the birth of their first child (Joshi, 1985; Leonard Barker & Allen, 1976; Pleck, 1979; 1982). Some of the stress also arises from the

available discourses of maternal responsibility and appropriate gender behaviour and thus saw themselves and not their spouses as responsible for their parenting distress. This solution to the problem of inequity in sexual relationships compounded mothers' existing stress, since by abrogating responsibility in parenting fathers implicitly reinforced the view that child care was ultimately the woman's responsibility and thus forced the mothers to interpret their feelings of stress as evidence of their personal inadequacy.

As long as there was some degree of mutuality and affection within the relationship the women attempted to resolve problems of equity within the discourse of mutuality in sexual relationships. It was only when the process of negotiation had totally broken down and the mothers had abandoned all hope of effecting change and had come to see their relationship primarily in terms of conflict rather than mutuality, that they began to assess the costs and benefits of their relationship in terms of material self interest. However, in attempting to break free of these relationships the women were also brought up against the external sources of male power which reinforced the mothers' economic and emotional dependence. This was compounded for mothers in violent relationships by their male partners' ability to physically coerce them into staying in unequal and unsupportive liaisons. As Milardo (1991) has argued, all support transactions carry with them certain costs, since all create a sense of imbalance, a debt which must be repaid in some way. However, the mothers' relational stress was increased by their belief in maternal responsibility which negated their sense of anger and which left them feeling permanently indebted to their partners. Thus in many cases the stress imposed by these relationship was far greater than the net gain in terms of support.

to participate in paid employment. Thus class was an important factor in determining social stress and the ability to gain relief from it.

The lack of alternative care and the frustration of the mothers' attempts to get a break from their children and to establish their independence through paid work was an important source of both social and relational stress. It reinforced mothers' dependence on their male partner, making them more vulnerable to the effects of unsupportive or exploitive relationships and underlining the lack of equity in notionally supportive relationships. Because of gender differences in earnings, women were expected to be able to rely on a higher male wage when they had young children. This not only increased women's dependence within heterosexual relationships but created special problems for lone mother headed families, which were bound by the same expectations of male financial support. For lone parents the birth of the child was synonymous with a commitment to a number of years spent at or near the poverty line. Because of low educational attainment and poor employment prospects none of the lone parents in the present study could expect to gain employment which was lucrative enough to pay for adequate child care, and were thus prevented from returning to full time employment or from pursuing educational opportunities. Thus, although social class was an important determinant of mothers' access to economic resources and of their experience of social stress, the causes of social stress are also located in gender based inequalities which restrict women's access to resources, both within the family and in the wider society. These inequalities lead to women's reduced access to emotional and material resources and result in gender differences in the way that social and economic stress is experienced. As Chafetz (1989) has argued, the superior male power which exists in gender stratified societies allows men to coerce women into assuming work roles which reinforce their disadvantaged status both at the macro and the micro levels.

of their situation. In this study it was possible to trace mothers' attempts to come to terms with contradictions and tensions between these two sources of meaning and their efforts to integrate these meanings into their view of their close relationships.

In the analysis of the interaction of social, ideological and relational factors in mothers' lives it was possible to identify a framework within which mothers made sense of their experience depending on the strength of these influences. As Ehrlich and Graven (1971) Nisbett & Wilson (1977) and Potter & Wetherell (1987) have argued, individual's perspectives on their experience are likely to vary across time and within social situations depending on the information available to them and its salience within a given social situation. The findings of this study suggested that social rather than relational factors were likely to take precedence in determining mothering experience where these effects were both strong and immediate. Thus, marked current social stress was likely to be a stronger influence on the quality of personal relationships than either past stress, or mild current social deprivation. This was shown in the experiences of both the stable and the ex-care mothers in whom the quality of their relationships, both with their spouse and with their child, was influenced by current social stress. There was a strong association between high levels of *current* rather than past social stress and the incidence of problems in the relationship between mother and child for mothers whatever their background. Similarly there was a strong association between high levels of current social stress and problems in the sexual relationship (see Chapter 4 section 3c).

Mothers' perceptions of the *causes* of parenting stress were also likely to reflect the strength and immediacy of that stress. Thus, the more severe the present social stress the more likely mothers were to see this as the cause of their parenting problems and to seek social structural solutions to their

of their partner), that they were likely to cast around for alternative explanations or to directly challenge current orthodoxies of parenting and gender relationships.

Professional definitions of good and bad parenting and normal and abnormal families were also likely to reflect dominant discourses of parental responsibility and of gender roles. These definitions were therefore also likely to be at odds with many women's experience as mothers. However, the mothers' ability to challenge professional constructions of their experience was hampered by structural imbalances in power and resources between professional and client, which gave the professional powers to define 'normal parenting' and to punish deviant behaviour. These inequalities in the power to define good and normal parenting were naturally most marked for the ex-care mothers who by virtue of their social class and personal history were most likely to be at odds with dominant professional values.

As Chafetz (1989) has argued, dominant ideologies of women's experience can be seen as the product of the male power to create and legitimate andocentric definitions of women's experience. This power also confers on men the ability to control the substance of interactions within personal relationships and to define the meaning of that interaction. Thus gender norms and ideologies can be seen as a device through which the imbalances in power underlying sexual relationships are legitimated, and the gender divisions of labour which disadvantage women are sustained.

The present study draws attention to the conditions of stress under which women come to parent and the consequent costs for women and children in terms of their mental and physical health and of the quality of their close relationships, particularly their relationship with their children. The results point to the need for structural solutions which will address the problem of the social conditions in which all mothers parent, and which will address the problem of inequalities in

their success on a willingness to see parenting in terms other than as women's private and primary responsibility. As Barrett and McIntosh (1982) have argued, the organisation of family life around the mother's central role and the dependence on a mother's willingness to expend her energy in unpaid labour serve powerful class and gender interests which are unlikely to be relinquished lightly.

There is therefore unlikely to be any real change unless women themselves question the current construction of motherhood and of gender relationships. Such change cannot come about without questioning the role of ideology in personal relationships, and the way that individuals come to terms with and try to change the existing dominant discourses of appropriate behaviour. The dominant ideologies of marriage and motherhood are powerful obstacles to change since a woman's personal identity is closely bound up with her identity as wife and mother and with normative definitions of motherhood as a source of intense satisfaction and meaning. It is therefore difficult for mothers to articulate their feelings of dissatisfaction with the 'mothering role' without calling some basic assumptions about their identity into question. In addition, images of good motherhood and of maternal responsibility are consistently reinforced by media and by professionals with whom mothers come into contact (Wilson, 1977; Wearing, 1984). As a result it is impossible to unravel the causes of parenting stress without calling into question mothers' most closely held beliefs about themselves and their personal relationships.

Both the accounts discussed in the present study and those reported in similar studies (for example, Boulton, 1983; Oakley, 1979) have shown that few women perceive their experience as mothers as socially constructed. For them, mothering is an intensely personal experience which is closely enmeshed with their personal identity the quality of which is seen as determined by the quality

constraints, and their accounts of their support relationships showed that they were actively struggling to resolve the ideological dilemma in which they found themselves. However, their ability to make sense of their experience was constrained both by their lack of access to alternative discourses of appropriate maternal behaviour and by the way in which dominant discourses of gender and of maternal behaviour had become inextricably bound up with their sense of personal identity. In this sense their ability to challenge dominant discourses was severely limited.

However the degree of stress and alienation mothers' experienced did carry with it the *potential* for a shift in perspective. There is some evidence for this in the accounts of the lone mothers who had begun to question whether they needed men at all and saw them as a net drain on their resources, and in the accounts of women who were experiencing severe conflict within long term sexual relationships and who had begun to disengage themselves from the relationship. In these situations in which the lack of fit between ideology and experience was most marked women began to question taken for granted assumptions about gender roles, and thus began to push out the boundaries of what was acceptable and meaningful in personal relationships. The search for a new meaning to their relationships in the face of acute distress may thus bring about a change in the way that women perceive their identity as mothers. On the present evidence the shift appears to be in the direction of a closer alignment between women's emotional needs and their material interests.

4 Contribution of the research

The contribution of the research needs to be assessed in terms of its ability to meet the research objectives. The study aimed to explore and to deconstruct the experience of maternal stress and support by drawing on the mothers'

characteristics, who tend to be drawn from the working class and to be found in situations of high social stress. Thus, although as Pheonix (1991) points out, some teenage mothers have good social support, a sample of exclusively young mothers would have not allowed for the exploration of the range of relational and social stress and support factors covered in this study.

The inclusion of the ex-care mothers also raised questions about the role of early experience and the possibility for change in adulthood which could not be answered fully by a one-off interview at a fixed point in time. Thus while the importance of the current parenting context was borne out in the analysis it was also necessary to understand the ex-care mothers' early experience and the process which had contributed to their current emotional and social stress. This was something which had not been fully accounted for in the research design. In order to explore these questions fully it would be necessary to have a larger study which allowed for a fuller investigation of possible explanatory factors both in the past and in the present, which included more demographic detail and which would preferably include a sample which could be matched on important indices of early experience (see Appendix c for an outline of some factors which might be included in such a study).

Since the object of including the women who had been in care was to explore the effects of extreme social and relational disadvantage it might have been preferable to choose the sample only from among women who had stable backgrounds who were now in high stress / low support situations. The inclusion of early disadvantage added a dimension to the study which might have been better explored in a separate study. It might have been possible to select an alternative sample based on high *social* stress, selecting from this those mothers who also had fragmented social ties around the time of their child's birth. In this way it might have been possible to select a sample that was

areas of uncertainty at an earlier stage in the investigation and would have precluded the possibility of exploring unexpected relationships between contributory factors and between stress and support. By looking at the relationship between stress and support, seeing these as interacting factors which together determined the quality of the parenting experience, it was possible to gain some new insights into the way in which these factors were balanced in women's lives. This gave a more comprehensive picture of the quality of the maternal experience than would have arisen from focusing either on the causes and consequence of social stress *or* on the role of support relationships.

The analysis also highlighted the ways in which stress and support may act upon one another, in particular the way in which high social stress could further reduce social support by undermining the mothers' support relationships and by increasing mothers' vulnerability to exploitive relationships. This was apparent from the analysis of the circumstances of the most disadvantaged mothers which showed that the conditions which created their acute need for support also appeared to undermine their ability to procure effective support. The analysis of the mothers' relationships with professionals showed that professional support tended to be most effective with mothers who were least in need of it. Mothers in situations of high social stress were likely to be out of step with professional norms. They were also less likely to be able to challenge unwelcome professional measures or the interpretation of their high stress / low support situations in terms of personal responsibility. Thus the study did go some way towards answering the questions raised in some studies of the transmission of disadvantage (for example, Quinton and Rutter, 1985) which have called for a greater understanding of the way in which disadvantage may be compounded or mediated in adulthood, since it moved from looking at factors associated with

exist between the perspective of the support giver, and that of the support recipient. The study also attempted to extend these insights by focusing on the social and ideological context in which subjective definitions of support are created and may be changed.

The focus upon the mothers' subjective experience of stress and support and the way in which they made sense of their experience within the social and economic context produced some valuable insights into the way these concepts were constructed. The analysis of the experiences of mothers in heterosexual relationships showed that their perceptions of stress and their view of support were influenced by dominant discourses of gender and of maternal experience. This provided a framework through which they interpreted their experience, viewing their feelings of stress as signs of personal failure rather than calling these dominant constructions of motherhood and of heterosexual relationships into question. In drawing on an analysis of women's experience in which motherhood was seen as both a social construction and as a personal, highly individual relationship, the study extended the insights offered by experiential feminist studies of mothering and made connections between mothers personal relationship and the social and ideological context in which they occurred. The study thus extended the interpersonal perspective on the process of negotiation in close relationships to include an understanding of the interaction between existing power structures and personal meaning.

The approach adopted towards the analysis of accounts in the study was one which emphasised the variability both between and within accounts and which allowed the contradictions in the accounts to stand. This had some advantages over a purely attributional approach to the construction of meaning. Instead of seeing mothers as making 'once and for all' attributions which could be categorized and measured, this analysis opened up the possibility of looking at

between an emphasis on quantifying the attributions which mothers make most consistently, relating these to the social context in which they occur, and seeing mothers as continuing to create meaning within the account. And yet this approach which allowed the contradictions in the account to stand made it possible to perceive the account as operating simultaneously on several different levels. The account could be seen at once as a description of past events, as a glimpse at the individual's current experience and as a representation of a particular view of the 'self'. Within one account mothers could be seen as integrating external and internal constructions of experience, and as simultaneously creating and presenting meaning as they used the account as a vehicle through which they came to terms with contradiction. The account could also be seen as a way of presenting a particular version of events in response to perceived situational cues. It is this web of meaning which this study has attempted to explore, moving from objective to subjective forms of analysis in order to understand the many levels of interpretation within the account. As yet this only represents a cloudy reflection of individual experience and yet with all its problems and frustrations it is this approach which appears to reflect most closely the complex range of influences upon the individual's construction of stress and support.

5 Future Directions For Research

The present study explored the way in which social and ideological structures influence close support relationships. Such structures can be observed to have real effects not only in terms of the physical and emotional resources available to women in the transition to parenthood, but also in their beliefs about themselves and their close relationships. The privatisation of mothering within the nuclear family has meant that motherhood has lagged behind other more public issues

fathers would go some way towards destroying the present division between the public paid work and the private domestic sphere with their attendant differences in power, status and access to resources. In order to achieve this it is necessary to think in terms of changing not only women's definitions of their gender identity but also, and perhaps more importantly men's attitudes and beliefs. There is a need therefore for research which can examine the way in which both men and women construe and construct their gender identity and come to terms with differences in power and status within their social roles.

The evidence from the present study suggests that women are, and perhaps always have been actively engaged in trying to make sense of their sexual relationships and to make them more closely meet their emotional needs. However, it is the birth of the first child and the increased work and stress associated with it which forces mothers to confront the structural inequalities in their relationships and to urgently negotiate for change. In attempting to make sense of their sexual relationships in the light of the changes which parenting brings, mothers are forced to question their existing definitions of their relationships, and to struggle to reconstruct them in the light of their new experience. Because of their commitment to the ideal of mutuality within sexual relationships, mothers need to engage their partner in the *process* of change and to convince them of the validity of their view of the relationship. It is in this process of negotiation that the emotional and structural values which underpin sexual relationships are revealed, as men and women draw on the resources available to them in order to effect or to resist change. Within this process of negotiation are revealed not only the sources of power within the relationship and the ideological discourses which structure the individual's interpretation of their experience, but also men and women's subjective definitions of their interests and the value they place upon different aspects of their relationship.

creation of intensely personal interpretations which fulfil the mothers' physical, cognitive and emotional needs.

There is some evidence from this study that stress may itself be a catalyst for change since high levels of stress may increase the need to account for hitherto taken for granted assumptions about the nature of support. However, although the experience of stress itself may be a powerful force in the creation of new meaning this study has drawn attention to the fact that there is much more at stake here than mere rationality or material self interest. The relationship between levels of stress and the reappraisal of definitions of support was not straightforward, since mothers' interpretations of stress were closely aligned to their view of their relationships and their identity as mothers. Therefore increased stress did not necessarily increase mothers' tendency to challenge dominant constructions of maternal behaviour. In assessing stress and support mothers were likely to call on interpretations which reflected not only their material interests but also aspects of their personal history and their access to alternative frameworks of reference. It appeared that emotional rather than physical distress was most likely to induce a reappraisal of events. Those under the greatest social stress were often constrained by physical imperatives which could not be ignored and which left mothers with little time or energy for challenging dominant constructions of their experience. It was in situations of high social stress when mothers' emotional needs were not being met that they were most likely to express dissent.

These results suggest the need for further research into the conditions in which individuals, and particularly disadvantaged individuals are likely to challenge dominant constructions of their behaviour and the relative role of economic ideological and relational factors in bringing about shifts in individual interpretation. The ability to stand outside dominant meaning structure is likely

been seen as striving to come to terms with their experience using all the cognitive, emotional and situational cues at their disposal, and as continually struggling to create a coherent view of themselves and of those around them in the face of the stress associated with their day to day experience.

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Appendices

Appendix (a) Mother's interview schedule

i) First interview.

- 1) Biographical details: age, marital status, personal history.
- 2) Current social structural factors -marital status, financial status, housing, class, educational experience, own and sexual partner's current employment and employment history, dependence on state benefits.
- 3) Preparation for parenthood, sources of information and support in pregnancy and around the time of the birth. Major influences upon decision making and upon values
- 4) Major life changes within the previous twelve months, particularly potential stressors.
- 5) Role related factors ; attitude to motherhood and to substitute childcare, previous work experience and attitudes to work, areas of conflict.
- 6) Previous experience with young children as a socialising agent for motherhood.
- 7) Health factors. Accounts of the birth experience . Ill health or disability of the child including feeding and sleeping difficulties, mental and physical health of the mother.
- 8) (For ex-care mothers) Early experience of being parented and its relationship to current parenting. Early disruption, separations from parents before the age of 16, reasons for reception into care, length of time in care, and nature and duration of placements whilst in care, divorce and parental disharmony. Perceived differences and similarities between self and parents.
- 9) The experience of the early months of mothering. The process of coming to terms with motherhood. Support networks in the early months. a) Professional input, from hospital care through midwife support, to health visitors, groups, and other

agencies. b) Personal networks including extended family, local support networks and particularly the quality of the marital or other close relationship, and the importance of peer group support. c) Relationship with the spouse or sexual partner, areas of stress and support.

10). Perceptions of areas of stress and ways of coping. Conflict, ambivalence and confidence. Problems identified as physical, emotional, personal or structural.

11) Recommendations for improvement, seen in terms of what has been helpful, or has been stressful, what has helped or hindered in the relationship with the child and in the mother's sense of personal well being. Specific probes on what constitutes a helpful intervention, what is a helpful person, and in what circumstances can no-one be of help.

ii) The investigation of social networks and social support.

The interview covered specific areas relating to stress and support. *Income* was assessed indirectly through the response to questions about occupation and through participation in paid work and dependence on state benefits.

Housing stress was explored in questions relating to mothers' housing history. Mothers were asked if their house was currently rented or owner occupied, if they had ever been homeless families accommodation, if they shared accommodation with other family members, and about the current state of the repair of their accommodation. All mothers were asked how long they had been in their present accommodation, and if they had moved at all during the pregnancy. Mothers who were currently in homeless families accommodation or who had been in care, were asked for a more detailed account of their housing history. Ex-care mothers were asked about their changes of accommodation both in care and since leaving care. Stable mothers were asked where they were living when they became pregnant, and the kind of accommodation they had lived in subsequently. Mothers were also asked

about their current situation accommodation and about any problems which might be related to it.

Health. Mothers were asked for their medical history during the pregnancy , and were prompted to discuss specific medical problems. These questions also tended to lead mothers to discuss more general aspects of the social context both during pregnancy and since the birth. Mothers were also asked for a detailed account of their experiences during the birth, starting with general questions for example, what sort of birth was it, and moving on to more specific questions about interventions during labour , the kind of delivery, and where the birth took place. During the course of these accounts mothers also discussed their relationships with medical professional, and were prompted to do so by questions about their preferences, and whether they got on with particular medical staff. They were also asked what they thought of their ante natal and post natal care, their attitude to specific interventions, whether they felt they could talk to professionals , and what advice had been helpful or unhelpful. Mothers were asked, who would you turn to for advice if your child was ill? Why would you choose that person? Why would you not choose another etc. Not all mothers needed to be asked all these questions specifically. For example, many then moved on to discussing current health problems following the birth, when they had discussed the birth experience. However, mothers were prompted where necessary to ensure that all these areas had been covered.

Often questions were asked indirectly for example, in response to the question "would you like more children?" mothers often volunteered the information that they were already pregnant. A few mothers volunteered information about their history of terminations, in response to questions about their early history or about whether this was their first pregnancy (as opposed to their first child). Questions about previous terminations were not asked directly, out of respect for women's need for

privacy, and also because such intrusive questioning was likely to put the rapport between interviewer and participant in jeopardy.

Illness in the child was covered by questions relating to both the child's current state of health, "is the child healthy?" and more specific questions about occasions on which mothers consulted health visitors or doctors or other professionals.

Mothers were also asked if their child was healthy when it was born, and it was on this question that an assessment of congenital abnormality was based. If mothers did not want to reveal any abnormality they were not pressed to do so. Thus the data may underestimate 'hidden' disabilities

Mothers' Work Mothers work load was gauged by 2 methods: firstly by the diary analysis discussed in chapter 3 and secondly through the interview data. Mothers were asked specific questions relating to their participation in paid work and their child care arrangements since these had a bearing on mothers' overall workload. For example, the two mothers who worked nights were asked specific questions relating to their childcare arrangements on the day following the night shift, in order to assess whether they had any leisure on that day. Since one mother had child care in order to allow her to sleep while another did not, this made a considerable difference to the assessment of her overall workload.

Relationships and values Issues relating to mothers' value system and possible areas of conflict emerged from the discussion of more concrete issues already described. Mothers were asked for example about plans to return to paid work and whether they thought that this would be a positive or negative experience of them and for their child, in order to get at their attitude to the issue of maternal responsibility. Similarly questions about the practical contribution of the sexual partner, and whether mothers felt they ought to do, more, were used to assess the mother's attitude to gender based family roles and her willingness to challenge traditional definitions of women's responsibilities within the family .

An understanding of mothers' relationships with their child was approached indirectly through questions about the child's routine and temperament and through questions about the quality of the parenting experience. Mothers were also asked if the pregnancy had been planned. Mothers who said the pregnancy had not been planned were asked more explicitly about their attitude to the child both at birth and at the time of interview. Questions concerning mothers' sleep were a useful way of leading mothers into a discussion of their overall assessment of the experience of parenting. Mothers who had not planned pregnancies were asked if their attitudes had changed once they had a child, and mothers were generally invited to explore any problems that the transition to motherhood presented them with.

The issue of conflict in relationships, whether with the sexual partner or with other members of the mothers' social network was approached indirectly through questions dealing with the quality of their relationships. Thus mothers were asked for example, if their spouse had any problems in adjusting after the birth, or if they were pleased with fatherhood rather than asking direct questions about conflict within the relationship which were likely to lead to a negative response. Questions about the nature and extent of the spouses' contribution, led naturally to a more qualitative discussion of the way in which responsibilities were negotiated between sexual partners.

In order to extract the data necessary to estimate the composition of the mothers' social network, mothers were asked specific questions about the nature and frequency of social contacts. In addition a content analysis of the entire interview was carried out and mothers' incidental references to social contacts were analysed in order to construct a more complete picture of the social network. The diary analysis was used not only as an assessment of mothers' social contacts on the diary day but also as a way of identifying additional members of mothers' social network. In the follow up interview mothers were asked to clarify the frequency and

nature of these contacts. For example if they had visited friends on the dairy day they were asked if this was a usual occurrence, how often they saw them, and who they visited most frequently. They were also asked specific questions about the support which might be derived from specific social contacts. For example, “who do you rely on most?” “Who would you turn to in crisis?” “Is there anyone you could leave the child with during the day”, in order to gain information about the kinds of support which might be available from these relationships. In this way it was possible to build up a picture of particular relationship for example the mothers' relationship with her own mother, examining both its positive and negative aspects, and make some assessment of its contribution to mothers' sense of stress or support.

In the interview there was no assumption that specific support behaviours were necessarily perceived as supportive. In order to assess this mothers were frequently asked whether *they* found a particular action supportive. Mothers were also asked general questions which were designed to tap how mothers perceived relationships overall, for example, how do you get on with your mother in law ? .If there was some ambivalence in the replies mothers might be prompted with a statement, specifically designed to give mothers permission to speak about the negative aspects of the relationship. For example, “Some people find that mothers tend to take over, I don't know if you found that ?”

Mothers' replies to questions relating to specific support functions were also likely to supply incidental information relating to the quality of their relationship, and mothers' perceptions of its meaning.

iii) Follow-up interview Schedule

i) Diary Exercise.

a) How typical was that day ? In what ways was it unusual? Was the baby having an unusual day ? Do you usually have more or less help ? Who from ?

b) Husband / partners contribution. How typical?. Did you think he did more or less?

Would you like him to do more? In what ways specifically ?

c) Is there anyone whose contribution you feel is under represented in the diary record ? Why ? Do you usually see more people? Where and in what circumstances?

d) Was the night representative, in terms of of baby's sleeping pattern and the support you received?

e) Would you say that this was a good or a bad day ? Why? In what ways could it have been better?

ii) Impressions of the research.

a) Do you feel the interview covered your experiences of stress and support adequately ? If not what has been neglected? Prompt : People, ideas, emotions.

b) If you were trying to convey what it was like in order to help others in similar circumstances what advice would you give them?

iii) Specific follow up of points raised in first interview-

Particularly points of ambivalence or of dissent, or areas where interview data appear to differ from diary data. Discussion of child care as work, comparison to previous experience of paid employment. Comparison with spouse's current job experience.

Appendix (b) Definition of stress and support factors.

Stress factors

1) Socio- economic factors

1a).Low income. Although an assessment of income versus expenditure might give a more accurate picture of mothers' economic status, this was not possible given the data available. Therefore a cut-off point of 20% below the national average income family income was adopted.

b).Housing problems. A number of the sample were awaiting allocation of permanent council accommodation. However, only those who were currently in substandard or unsatisfactory accommodation were included in the definition. (For example, mothers in housing association flats awaiting transfer were not included unless there were additional housing problems).

2) Health

a) Traumatic birth. Defined as a birth requiring emergency medical intervention, or one in which the mother felt the experience to be so negative as to warrant inclusion. (One mother described herself as having 'ripped in seven places', and as coming to blows with a nurse during the delivery. This is included in the definition of 'traumatic').

b) Ill health in Mother Defined as severe chronic physical illness, or an acute illness requiring hospitalisation. The definition included severe post natal depression for which treatment was required. Post natal depression is here considered to be both a cause of and a consequence of stress.

c).Pregnancy is included as a stress factor in its own right, and also because the age gap between the first and subsequent child in this sample would be narrow .

d) Illness in the child Defined as illness requiring hospitalisation

3. Work related factors

3 a) Excessive work load. The diary evidence demonstrates that full time child care without the additional burden of paid work can be assumed to produce at a conservative estimate a 12 hour working day (an 84 hour working week). Stress due to work overload is assumed to exist where there are additional pressures, which mean that mothers may be assumed to work in excess of 90 hours per week. If for example, mothers are habitually woken at night, this adds on average 7 hours per week, producing a working week of 93 hours. Because of the effect on women of the double shift, where women who work are forced to cram their domestic responsibilities into evenings and weekends. An excessive workload is assumed to be present for those mothers who work full time in addition to their child care responsibilities. Part time work is seen in the context of mothers' other responsibilities and childcare arrangements. (Thus, Ann who works 2 nights per week and has full childcare responsibility in the day-time is assumed to work 84+16 hours per week= 100 hours).

3 b) Severe child management problems. These are cited only when these became so severe as to cause major problem in the mother's adjustment, for example one child who was referred to a 'sleep clinic' at the local psychiatric hospital).

4 Relational factors

4 a) Value conflict. Value conflict is cited where there is a marked dissonance between the value system of the mother and her experience of parenting. Thus it may be applied to a mother who expresses traditional beliefs about the need for a mother to stay at home with her children yet who is forced to work full-time, thus creating a conflict between her views on the importance of mothers devoting themselves full time to their young children and the economic realities of her experience. It may be equally applicable to a mother who has consciously feminist

views and who encounters difficulties in persuading her partner to share responsibility.

4 b) Conflict with the sexual partner This is only cited where it is reported to be chronic and pronounced

4 c) Interpersonal conflict. Covers on-going family disputes and tensions which may be assumed to place strain upon the mother, and is usually found in the ex-care mothers. It also covers conflict within the neighbourhood or work place where this is reported to be acute.

4 d) Violent Relationship. This must be assumed to be a major cause of stress, and as such should be appropriately weighted. Where violence is reported it is always assumed to occur in conjunction with conflict in the relationship with the sexual partner and as each is given a weighting of 1 this gives a combined weighting of 2.

4 e) Unwanted child does not include unplanned children but only those who were rejected after birth, or about whom mothers expressed continuing regrets.

4 f) Disrupted background is defined as serious disruption resulting in either reception into care for a period of more than 1 year, or more than one change of parent or guardian before the age of 16.

Support factors

Support was defined in terms of the presence or absence of elements in the social situation of the mother, covering 6 main areas.

1. Stable sexual relationship. This is an uninterrupted co-habitation of 6 or more months duration. Violent relationships are excluded from this definition.

2. Maternal Relationship. This is defined as the presence of a close mother-daughter relationship, and at least weekly personal contact (.5 is awarded for regular telephone contact).

3. Friendship Network. Denotes the presence of and the active use of a large and varied friendship network (at least one visit to or from friends or attendance at a group in the past week). The definition also includes contacts by phone where these were both regular and supportive.

4. Professional Support.

Because there is a statutory obligation to provide all mothers with some professional support this is accepted as the norm. Professional support is therefore only cited where it is perceived to be helpful and involves at least once weekly contact beyond the first three months of the child's life.

5. Extended family support

Is defined as at least personal weekly contacts which are perceived to be supportive by the mother (.5 is awarded for regular telephone contact) .

6. Practical Support.

Practical support emerged so strongly as a support factor and was so often lacking in even close emotional relationships, particularly in the relationship with the sexual partner that it was included as a separate category and was used to denote situations where mothers received substantial practical support from whatever source. It also covered situations where a given relationship provided primarily practical support, as in the case of a paid home help or child minder. Practical support was assumed to exist as an additional support factor when there was at least 4 hours weekly practical assistance. When not paid, practical help was usually provided by the sexual partner although in one case it was provided by the woman's own mother. Since no partner took an equal share in domestic and childcare responsibilities, this could not be assumed to be the norm, so .5 was awarded where there was daily paternal childcare involvement, and 1 was awarded when in addition the partner took on a share of the domestic responsibility. These scores were in addition to the scores awarded for couples in stable relationships.

Appendix c) Exploring the transmission of disadvantage).

(Factors to be included in a future study)

1) Early experience: Physical abuse, sexual abuse, age at reception into care, time spent with natural mother before the age of 5

2) Care experience: Type of residential placement , number of placement changes, perceptions of the quality of care (including the relationship with one or more significant care giver)

3) Educational experience: Changes of school. Educational attainment .

4) Adult experience a) Leaving care, housing provision, professional support, family contacts/ family conflict b) Sexual relationships. History of sexual relationships. Characteristics of sexual partner, for example, criminality, violence, early family history. Marriage c) Parenting age at first pregnancy / first birth. Support from family/ professional / sexual relationships around the time of the birth. Number and spacing of children.

Quality of relationships- Particularly prolonged conflict in mothers' close relationships within the household and *between* members of the mother's social network

Coming to terms with past experience, constructing a framework of understanding into which early deprivation can be placed